Public Document Pack

Committee: **Oxfordshire Growth Board**

Date: **Wednesday, 30 November 2016**

Time: **2.00 pm**

Venue: **County Hall, New Road, Oxford OX1 1ND**

Membership

Voting Members 01/07/2016-30/06/2017

Chairman and Leader of Oxfordshire County Council	**Councillor Ian Hudspeth**
Vice Chairman Leader of Oxford City Council	**Councillor Bob Price**
Leader of Cherwell District Council	**Councillor Barry Wood**
Leader of South Oxfordshire District Council	**Councillor John Cotton**
Leader of Vale of White Horse District Council	**Councillor Matthew Barber**
Leader of West Oxfordshire District Council	**Councillor James Mills**

Non-Voting Members

Chairman of OXLEP	**Jeremy Long**
Vice Chairman and Skills Board Representative	**Adrian Lockwood**
Universities Representative	**Alistair Fitt**
OXLEP Business Representative – Bicester	**Phil Shadbolt**
OXLEP Business Representative – Oxford City	**Richard Venables**
OXLEP Business Representative – Science Vale	**Andrew Harrison**
Homes and Communities Agency Representative	**David Warburton**
Oxfordshire CCG Representative	**David Smith**

AGENDA

1. Apologies for absence and substitute members

Apologies for absence should be notified to sue.whitehead@oxfordshire.gov.uk or Tel: 07393 001213 prior to the start of the meeting.

2. Declarations of interest - see guidance note on the back page

3. Minutes (Pages 1 - 16)

To confirm as a correct record the minutes of the meeting of the Oxfordshire Growth Board held on 26 September 2016.

4. Chairman's Announcements

To receive communications from the Chairman.

5. Public Participation

Members of the public may ask questions of the Chairman of the Growth Board, or address the Growth Board on any substantive item at a meeting subject to the restrictions set out in the public participation scheme.

Deadline to submit questions: By Thursday 24 November 2016 in writing or email to the Chief Executive or Secretariat of the host authority

Deadline to submit requests to address the meeting: No later than noon on the day before the meeting (Tuesday 29 November 2016) in writing or email to the Chief Executive or Secretariat of the host authority

6. Director of Public Health Annual Report (Pages 17 - 104)

Presentation by Jonathan McWilliam, Director of Public Health

The annual report summarises key issues associated with the Public Health of the County. It includes details of progress over the past year as well as information on future work.

It is an independent report for all organisations and individuals.

The report covers the following areas:

Chapter 1: The Demographic Challenge

Chapter 2: Building Healthy Communities
Chapter 3: Breaking the Cycle of Disadvantage
Chapter 4: Lifestyles and Preventing Disease Before it Starts
Chapter 5: Mental Health
Chapter 6: Fighting Killer Diseases

7. Growth Board Work Programme Review (Pages 105 - 108)

To update the Board on progress with developing its future work programme.

Recommendation

That the Growth Board notes progress with developing its work programme to date.

8. Growth Deal and City Deal Programme Reports to 30th September 2016 (Pages 109 - 128)

Report Contact: Paul Staines, Growth Board Programme Manager

To receive the City Deal and Growth Fund: Exception Report and appendix -City Deal and Growth Fund Programme Report: September 2016.

9. Matters arising from LEP

Nigel Tipple

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE GROWTH BOARD

MINUTES of the meeting held on Monday, 26 September 2016 commencing at 2.00 pm and finishing at 3.52 pm.

Present:

Voting Members:	Councillor Ian Hudspeth – in the Chair
	City Councillor Bob Price (Vice-Chairman)
	District Councillor Matthew Barber
	District Councillor John Cotton
	Councillor James F. Mills
	District Councillor Barry Wood – Cherwell District Council
Also Present:	Alistair Fitt, Universities Representative
	Richard Venables, OXLEP Business Representative – Oxford City
	David Warburton, Home and Communities Agency Representative
	Nigel Tipple, Chief Executive, OXLEP
	Veronica James, Environmental Agency
Officers:	Adrian Duffield, Head of Planning, South Oxfordshire & Vale of White Horse District Council
	David Edwards, Executive Director, Regeneration and Housing, Oxford City Council
	Caroline Green, Assistant Chief Executive, Oxford City council
	Christine Gore, Strategic Director, West Oxfordshire District Council
	David Hill, Chief Executive, South Oxfordshire & Vale of White Horse District Council
	Bev Hindle, Acting Director for Environment & Economy, Oxfordshire County Council
	Paul Staines, Oxfordshire Growth Board Programme Manager
	Sue Whitehead (Corporate Services, Oxfordshire County Council)

The Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with [a schedule of addenda tabled at the meeting][the following additional documents:] and decided as set out below. Except as insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports [agenda, reports and schedule/additional documents], copies of which are attached to the signed Minutes.

40 APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

(Agenda No. 1)

Apologies were received from Jeremy Long, Chairman of OXLEP; Phil Shadbolt, OXLEP Business Rep – Bicester; and Andrew Harrison, OXLEP Business Rep – Science Vale and Adrian Colwell, Cherwell District Council.

41 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE OF THE AGENDA

(Agenda No. 2)

There were no declarations of interest.

42 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 26 May 2016 were approved and signed as a correct record.

43 CHAIRMAN'S ANNOUNCEMENTS

(Agenda No. 4)

The Chairman proposed and it was agreed that the item he had agreed as urgent business on the Strategic Economic Plan Refresh be taken following item 6.

44 PUBLIC PARTICIPATION

(Agenda No. 5)

In accordance with the Public Participation Scheme, the Chairman invited individuals and groups who had requested to address the meeting or who had submitted questions to present them to the Board.

Helena Marshall. Campaign to Protect Rural England, addressed the Board in relation to agenda item 6, Post SHMA Strategic Work Programme.

Chris Henderson, Vice-Chairman, Radley Parish Council, addressed the Board in relation to agenda item 6, Post SHMA Strategic Work Programme

Sarah Hamilton-Foyn, Regional Director, Pegasus Group, addressed the Board in relation to agenda item 6, Post SHMA Strategic Work Programme

The Board received questions from the following:

Tom Rice, Planner, Barton Willmore
Stephen Fry
Dr Pam Roberts, The Save Gavrey Meadows Campaign
Helen Marshall, Director, CPRE Oxfordshire.
Fiona Newton
Helena Whall, on behalf of the coalition Need not Greed in Oxfordshire.
Phil Clark, Chief Planner, Galliard Homes Limited

The Chairman advised that responses to the submitted questions would be sent directly to the parties who had submitted them, made available on the Growth Board webpages and published with the minutes of the meeting.

45 POST SHMA STRATEGIC WORK PROGRAMME

(Agenda No. 6)

The Oxfordshire Growth Board had before it a report on the findings of the Post SHMA Strategic Work Programme (the Programme), that recommended the adoption of the proposed apportionment of the unmet housing need for Oxford and approval of a Memorandum of Co-operation including both the apportionment and timetable for delivery of Oxford's unmet housing need as derived through the Programme.

Paul Staines, Growth Board Programme Manager, in introducing the contents of the report stressed that the areas of search identified were not to be taken as proposed for development sites but were, as made clear in the report and appendix, evidence of Districts' ability to meet part of Oxford's unmet housing need. He explained the chronology of the Programme and how Officers had arrived at the recommendations in the report and finally set out the recommendations. He highlighted adherence to the set of 5 principles drawn up by leaders and the Board as guidance for the programme as evidence of its successful conclusion.

Councillor Cotton, Leader, South Oxfordshire District Council indicated that he had a long list of questions covering the detail in the report that he would send separately to officers for them to respond to but that at the meeting he wanted to raise some issues.

On transportation he queried whether officers were aware of the bias towards areas of deprivation. He also queried the lower score for transport of the Culham site, which was adjacent to a station, when compared to Grenoble Road, asking whether its scoring under the heading of accessibility to Oxford was correct.

On jobs a lot of weight had been given to the proximity to jobs. However he noted that these were existing jobs and he queried what effort had been made to identify future growth in jobs. He queried where the 5 key employment sites in the City were and he further queried how many jobs were associated with them over what period. Bev Hindle responded that existing jobs was the basis of the assessment since we were examining proximity to existing nodes of employment rather than new sites that might come forward.

On education Councillor Cotton suggested that the information provided was not transparent and that it would be good to see it school by school. He questioned the information sitting behind the assessment/scoring suggesting that it was based on misinformation about the long term capacity of sites. Bev Hindle, responded to the concerns commenting that there was a balance between current need and potential.

Councillor Cotton also questioned the density figures quoted for Oxford which he felt were incorrect and that current density was lower than quoted. He also referred to criteria that underpinned the assessment of their areas of search considered in the Programme and questioned whether excessive weight had been given proximity to or communication lines with Universities Bev Hindle indicated that the Executive Officers Group had felt that the weighting given was correct. They had not consulted with the Universities as proximity to or access to university facilities is a matter of fact.

Councillor Cotton remained unconvinced that every option had been pursued for meeting the need in Oxford and highlighted the greyhound site referred to by one of the earlier speakers as a site that could potentially accommodate housing that then need not be provided by the rural districts. He concluded that without such certainty he was unable to support adding to South Oxfordshire County Council's existing high housing need figure. He would therefore be unable to sign the Memorandum of Cooperation. However he stressed that nonetheless he would continue to co-operate and discussions would continue.

During further discussion the remaining members of the Growth Board generally supported the recommendations and agreed to sign the Memorandum of Co-operation. They recognised its importance as a vehicle in order to demonstrate their compliance with the Duty to Co-operate and that it was important in order to progress Local Plans. They highlighted all the work that had gone into the final report. It was emphasised that the sites set out in the document were indicative, were not intended to propose, suggest or even infer where housing should be developed and that the decision on where housing was to be provided lay with the District Councils as the Local Planning Authorities through their Local Plans. Councillor Barber proposed an amendment, to the Memorandum of Cooperation which was seconded and agreed, to make this clear.

Following a vote, by a show of hands, it was:

RESOLVED: (by 5 votes for to 1 against) to:

(a) approve the apportionment of the agreed working figure for the unmet housing need for Oxford, in the interest of complying with the Duty to Co-operate;

(b) approve the attached Memorandum of Co-operation setting out the apportionment and timetable for delivery of the unmet housing need for Oxford, subject to the following addition as a new 3.6 to Section 3:

3.6 The Programme does not identify, propose, recommend or seek to identify, propose or recommend any site or sites for additional housing within any district. Each LPA will remain responsible for the allocation of housing sites within its own district and through its own Local Plan process.

N.B In light of the vote officers were authorised to make such minor editing changes to reflect that South Oxfordshire District Council will not be signing the Memorandum of Cooperation.

(c) formally recommend the approved apportionment to each of the Oxfordshire Local Planning Authorities for consideration in the preparation of their Local Plans, in the interest of meeting the objectively assessed housing needs for Oxfordshire.

46 URGENT BUSINESS - STRATEGIC ECONOMIC PLAN

(Agenda No. 9)

The Chairman had agreed that this item be considered as an item of urgent business in that it had always been the intention to review the Strategic Economic Plan (SEP) at this meeting but it was left off the original agenda due to an administrative oversight.

Nigel Tipple, Chief Executive OXLEP, gave a presentation on the refreshed SEP, setting out the factors that influenced the refresh, the vision, programmes and priorities and the consultation and engagement process.

Members highlighted concerns that had been raised by District Councils during their consideration of the SEP refresh. Nigel Tipple confirmed that feedback would be consolidated in the final document although substantive items may need to be considered by the LEP Board.

RESOLVED: to note and endorse the Strategic Economic Plan.

47 GROWTH BOARD WORK PROGRAMME REVIEW

(Agenda No. 7)

The Board was invited to consider key areas of focus for the future work programme of the Board and to charge officers with bringing back detailed proposals to the November meeting. The Board agreed that the work streams highlighted in the reports appendix should be addressed and in addition it was proposed by Councillor Barber, seconded and:

RESOLVED:

(a) Following the publication of the PwC and Grant Thornton reports on local government in Oxfordshire it is clear that there are several areas where joint working may help us realise significant savings and improvements of public services. A working group should be established including Chief Executives and Leaders of local authorities, CCG and LEP to explore how these transformational changes can be progressed in areas including, but not exclusively: infrastructure, skills, economic development, strategic spatial planning, public assets, business rates, health and social care. The working group will investigate, but will not be restricted to reviewing the future function of the Oxfordshire Growth Board and to consider the feasibility of establishing a combined authority for Oxfordshire; and

(b) The Oxfordshire CCG should be invited to become a non-voting member of the Growth Board from our next meeting.

48 OXFORDSHIRE GROWTH BOARD WORK PROGRAMME

(Agenda No. 8)

The Board considered its Work Programme.

RESOLVED: to note the Work Programme and to ask officers to facilitate a meeting with partners in respect to a commitment to secure apprenticeships through planning gain and legal agreements and to a facilitation of that by the CDC owned Apprenticeships Training Agency (ATA) and to report back.

..... in the Chair

Date of signing 2016

Oxfordshire Growth Board
Monday 26 September 2016
Agenda Item 5: Public Participation

In accordance with the public participation scheme, requests to address the meeting and questions submitted have been listed in the order submitted. The time limit for public participation is 30 minutes.

Restrictions on requests to address the Board:

- Must be on a substantive agenda item
- May speak for up to 3 minutes.
- With the leave of the Chairman, any questions of clarification asked of the

speaker by Growth Board members should be duly answered.

- There will be no debate on any representations made except to the extent that they are considered when the relevant agenda item is considered later in the meeting.

Restrictions on questions submitted to the Board:

- Questions shall be directly relevant to some matter in which the Growth Board has powers and duties and which directly affects the area of Oxfordshire.
- Submitted questions shall be dealt with in the order of receipt by the host

authority.

- The questioner may read his/her question, but the Chairman will do so if the

questioner wishes for that, or is not present at the meeting. No supplementary question may be asked.

- The Chairman will answer submitted questions. This may take the form of an oral statement, or may be given subsequently in writing to the questioner. A written copy of the response will be circulated to all Growth Board Members. It is intended the written response will be given within ten working days of the meeting.
- No discussion shall take place on the question or the answer.

Public Participation Requests

Requests to Address the Board

Helena Marshall, CPRE

Chris Henderson, Vice-Chairman of Radley Parish Council

Questions to the Board

Tom Rice, Planner, Barton Willmore

"1. How has economic growth, place-making and socio-economics informed the apportionment ?

Response:
The apportionment is based upon as assessment of 36 spatial options or areas of search developed by the partners for the purposes of demonstrating the capacity of a district to accommodate a given proportion of Oxford's unmet need. Because the issue at hand is the solving of Oxford's unmet housing need the criteria all relate in some way to a measurement of the relationship between the areas of search and Oxford, for example accessibility to known employment areas, cultural or educational facilities. The full set of criteria and how the areas of search scored against them are detailed in the full report published on the Growth board web site.

When sites to accommodate the unmet need are brought forward by the planning authorities through their local plans they will be subject to the full rigour of sustainability appraisal.

2. When will the findings be subject to public consultation?

Response:
The apportionment is recommended to local planning authorities for them to consider. Firstly whether they believe that the apportionment is appropriate and secondly how they will the move forward to address this housing need. Both of these decisions will be taken through the local plans and it is through the public engagement and examination of these plans that the apportionment will be subject to public examination and scrutiny

3. **At paragraph 144, the report identifies that it will be for each council to consider whether they adopt any of the areas of search assessed through the work programme, or whether they develop an alternative approach. If the capacity of each district has been assessed on the suitability of the areas of search, how will the inclusion / consideration of additional and alternative sites at a district level affect the overall apportionment?**

Response:
The apportionment is a measure of a district's general capacity to accommodate a level of unmet need from Oxford. However the areas of search are as paragraph 144 states not meant to be a proposal of how that unmet need should be addressed spatially by local planning authorities. If they choose to take a different route then that is a matter for them to set out and justify in local plans. The apportionment is agreed amongst the 5 authorities and it is not the intention of the Programme to consider reapportionment.

4. **What will happen to the overall apportionment if, through further evidence gathering in their local plan, a district considers that it cannot meet the need apportioned to it in this report?**

   Response:
   The apportionment has been delivered under the auspices of the statutory duty to cooperate. This is a duty to cooperate, not to agree. However at present 5 of the 6 councils have agreed to take forward the apportionment through their local plan processes and it would be unhelpful to speculate on outcomes such as the one described when at present those councils intend to meet their commitments as set out in the apportionment.

Stephen Fry

1. **At any stage in this overall-planning approach** (including the proposals before us today, and any being run concurrently), as well as the approach seeking conclusions on **numbers** of homes needed, **has there been**

(i) **any <u>policy analysis</u>** - of any type - **to which the same weight** is being/given by yourselves and any analogous groups
as the weight given to the *<u>numbers</u>*, **on**

(a) the **aesthetic** effect or consequences of the type or design of **architecture** proposed for these houses?

(b) any proposed best **configuration** - for example only: high-rise, low-rise, no-cars, eco-led, number-of-beds, co-operative, publicly-funded, etc.?

(c) the inclusion of debate/decision on **volume of facilities** (shops schools doctors etc., etc.,) and if so in what configuration?

(d) whether and what proportion of the **new building** should **necessarily** be of the **'council' (publicly-funded)** type?
[d1] (I would note that a dominant portion of public opinion that I consult agrees that this has been ignored for 30 years, and is, fortunately or not, essential to restore the housing balance, since otherwise ALL the (14,000?) homes planned will have the price point and occupancy only of second homes for the well-off from the capital) ;

(e) the **calculation of affordability** provided by Peter Jay (proving the point in [d1] - which is as follows?

----------Start of Affordability quote----------

In Oxfordshire a sensible starting point, therefore, should be incomes, which are the main factor determining how much people can afford to pay for housing. Average full-time weekly earnings in Oxfordshire in April 2015 were, by local council area:-

Table 1

Oxford City	£580
West Oxon	£525

Cherwell	£545
Vale	£618
South Oxon	£583

Source: http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc126/

Converted into pre-tax annual earnings at 52 ¼ weeks per year these incomes range from ￡ 27 5k to £32.3k per year.

A helpful government website - www.moneyadviceservice.org.uk - shows how this starting point can be used to calculate the mortgage borrowing and so the house prices such earners can afford. This calculator requires one to make assumptions about current outgoings.

Illustrative results are summarised in Table 2:-

Table 2

Item	*Earner A (£27.5 k p.a.)*	*Earner B (£32.3 k p.a.)*	*Earners C (2 x (£30 k p.a.)*
Units	*£s per month*	*£s per month*	*£s per month*
Monthly take-home pay	1822.27	2087.60[i]	2 x 1964= 3928[ii]
Credit card loan payments	50	50	75
Child/spouse maintenance	0	0	0
Child care/school fees	150	150	1045
Travel	175	200	300
Bills/Insurance	175	200	250
Currents rent/mortgage	600	650	750
Leisure	125	150	200
Holidays	125	150	200
Food, groceries, toiletries	250	300	350
TOTAL ASSUMED MONTHLY OUTGOING (as above)	1650	1850	3170
Mortgage Offer Range (as per 'money advice service')	£75,320-112,980	£88,760-133,140	£165-248,000
Repayment period and interest (as per 'money advice service')	25 years, 5%	25 years, 5%	25 years, 5%
Implied **house price** (if centre-of-range mortgage = 80% of price)	£118k	£139k	£260k

If something much less than £150,000 is the kind of house price that an average earner in Oxfordshire can afford (even given that s/he has the 20% deposit assumed in these calculations), then the houses which developers currently want to build – and pray in aid the national shortage of houses for those in need – are at upwards of £250,000 a unit well beyond the reach of those on average earnings and below. Most of those would still be beyond the reach of even the two full-time earners household.

In plain English they are unaffordable. They do not become affordable by simply knocking 20 percent off market prices and calling it “affordable housing” .

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[i] http://www.thesalarycalculator.co.uk/salary.php

[ii] Ditto

----------end of Affordability quote----------

(f) seeking a **single overall, properly protective policy-within-the policy** specifically for the proportion of otherwise currently

(i) **green** land and

(ii) **green** belt land that could or should be eliminated? I refer in this question to both binding and well-considered

(a) overall principles and also

(b) location-specific decisions?

(g) the **following analysis:**

Start of Green Belt quote

i) The main value of Green Belt policy is not related to the environmental quality of the land: it is designed to stop urban sprawl.

ii) Commentators fail to understand the importance of land protected as Green Belt. For example, the analysis of the value of Green Belts by the Adam Smith Institute largely relies on a single study carried out in Chester in 1992, suggesting that Green Belt land provided environmental benefits to society worth £889 per hectare per year. This is a massive underestimate for the true value of the Green Belt overall.

iii) Green Belts provide countryside close to 30 million people and give a range of benefits, including 30,000 km of public rights of way, 250,000 hectares of best quality agricultural land, 89,000 ha of Sites of Special Scientific Interest (SSSIs) and 220,000 ha of broadleaf and mixed woodland.

iv) Many of these benefits have increased over time and the protection against development afforded by the Green Belt designation will have played a critical role in this. To give one particularly outstanding example, Windsor Great Park (which lies in the Metropolitan Green Belt) has been valued by the Government’s Natural Capital Committee as having environmental benefits worth at least £49 million, or £7,600 per hectare per year.

----------end of Green Belt quote----------

2a. Will you as an organizing group confirm that the above considerations are an essential part of the debate and thus must be resolved before any housing 'planning' decisions can properly be taken?

b) if not, which parts do you accept as having that description?"

Response:
The Board accepts that all the above criteria are important components of a rounded decision on future development. However all of these reflections are predicated upon there being a spatial development proposal to consider. The apportionment is a high level of a district's capacity to accommodate additional housing need to assist Oxford and is not underpinned by any site development proposals. These will be brought forward by Local Planning Authorities at which point they will be subject to the full range of sustainability and other testing and the conclusions consulted upon and tested in public examination.

Dr Pam Roberts, The Save Gavray Meadows Campaign

"6 work 'streams' to inform the apportionment of houses for Oxford's Unmet Needs include a 'High-Level Habitats Regulation Assessment'. Can the Oxfordshire Growth Board explain whether this high-level HRA refers to Oxfordshire SACs or all Oxfordshire-wide habitats? In addition, will an Environmental Impact Assessment be carried out of the cumulative effect of the inclusion of these sites, proposed to take the 14,850 houses for Oxford Unmet Needs, on top of the 100,000 houses already proposed in the SHMA?"

Response:
Thank you for your email. I provide a response having consulted with planning officers dealing with this area of work.

The HRA work being commissioned by the Oxfordshire Growth Board is a non-statutory piece of work to consider the potential cumulative effect on European Union protected areas of nature conservation which in Oxfordshire include Special Areas of Conservation (SACs).

Each Local Planning Authority has a statutory duty to consider, through a screening process, whether a Habitats Regulations Assessment is required in preparing their respective Local Plans. The commissioning of a higher level piece of work through the Growth Board was considered to be necessary to help inform the statutory Local Plan processes undertaken by each Local Planning Authority in determining how and where to make their contributions in meeting Oxford's unmet housing needs.

The aim of the assessment is to identify all European designated sites which may be impacted by the subsequent location of new housing within the Oxfordshire County boundary to help inform the decision process of where housing may be delivered in accordance with the Conservation of Habitats and Species Regulations 2010 (the Habitats Regulations). It is intended to identify reasons for conservation designation, site vulnerabilities, the status of site features, and potential impacts. It is also intended to consider the zones of influence for each European designated site.

Separately, it is for individual Local Plans to meet the statutory requirements for HRA and Strategic Environmental Assessment (SEA) / Sustainability Appraisal in preparing their local plans. SEAs must consider any cumulative & synergistic effects where relevant. It is through the SEA/SA process that other national and local designations are considered in assessing the effects of proposed growth.

Environmental Impact Assessment (EIA) is a requirement relating to the preparation of specific development proposals and results in an Environmental Statements being submitted with qualifying applications for planning permission. EIAs will not therefore be undertaken until developers prepare their detailed proposals.

Helen Marshall, CPRE

"The public was told that the Oxfordshire Strategic Housing Market Assessment (SHMA) was an evidence document that would be examined as part of the Local Plan process. However, at least one of our District Councils is now being strong-armed into accepting the housing numbers outlined in the SHMA because a Planning Inspector has argued that there was no objection raised within the Growth Board process. So, whatever the protestations about this being taken forward in Local Plans, it seems clear that signing off the paper on housing allocations for Oxford's unmet need will commit our local authorities to its findings. Can the respective members of the Growth Board (the five District Council leaders) confirm that by endorsing this deeply flawed process, they will then be speaking in favour of inclusion of these sites as part of their Local Plan – Yes or No?"

Response:
No. No district agreeing to the apportionment has agreed that any of the areas of search examined should then become the basis for development sites. This has been made clear in the report

Fiona Newton,

"Can the Board feel confident in making a decision today to approve the agreed working figure for the unmet housing need fir Oxford, when the documentation contains critically inaccurate information?

To note the Spatial Options Assessment:- Site 24 is not in Botley, It is Cumnor Site 25 is not Chawley, it is Cumnor Site 24 is already earmarked for a Park & Ride by OCC

Will the Board publish the full evidence base so that the public can check that information contained within the evidence base is accurate?"

Response:
As has been made clear in the report the apportionment is not based upon sites but broad areas of search, these are detailed in the report. Officers are

confident that the labels attached to these areas of search accurately reflect their geographical position.

The full Programme, including all the constituent reports have been published in the growth board pages of the lead authorities website, Oxfordshire County Council.

Phil Clark, Chief Planner, Galliard Homes Limited

"I write on behalf of GRAA Ltd who have an interest in the Oxford Grey Hound Stadium in Sandy Lane, Oxford.

Having now reviewed the public documents in which the Co-operative looks to disseminate Oxford City Council's housing allocation to its neighbouring authorities. Clearly the report focuses clearly on this dissemination, however we have a couple questions regarding the inward consideration / allocation of housing within Oxford City Council's Authoritarian boundary.

1. **Has there been a full consideration of all sites promoted with their 2015 call-for-sites?**
2. **Was there any consideration of our site, the Oxford Grey Hound Stadium, Sandy Lane?**
3. **Is it appreciated that the Oxford Grey Hound Stadium is available and accessible, capable of delivery circa 200 residential units? We recognise that this is only a small chink in the 15,000 housing target, but brownfield development should be prioritised in accordance with the NPPF's `presumption in favour of sustainable development'.**
4. **Will the Board be making recommendations to OCC's Local Plan housing allocations? Because such a recommendation would be very powerful."**

Response**:**
The process and criterion for considering strategic spatial options (or 'areas of search') is set out in section 7.3 of the report to Growth Board 'A Countywide Approach to Meeting the Unmet Housing Needs of Oxford'. The criteria includes a minimum threshold of 500 dwellings, which would exclude the Oxford Greyhound Stadium site.

It was not the objective of this study to revisit all of the sites from the Oxford housing land availability assessment (SHLAA, 2014) because those sites have already been taken into account in the assessment of capacity in Oxford (stage 7.1 in the report). The objective is to find additional capacity to accommodate the unmet housing needs that exceed what can be met within the Oxford boundary.

It is not for the Board to recommend specific sites, that is a matter for the individual local plans and the sovereignty of the local plans has been an established principle throughout the joint work. The appropriate process for the Greyhound Stadium to be considered is through the Oxford housing land availability assessment, the next update to which is due to be published in 2016, and through the Local Plan 2036.

Helena Whall, Need Not Greed

"It was our understanding that the revised SEP Refresh was to be considered by Local Authorities, OxLEP, and the Oxfordshire Growth and Skills Boards during September and early October, with the final SEP 2016 being launched in November (as per the OxLEP website). Need not Greed Oxon was therefore confused to see that the revised SEP Refresh was not on the original agenda of the Growth Board Meeting on Monday 26 September.

We have since learnt that the review of the SEP is to be taken as an urgent item on the agenda and that it was always the Board's intention to review the SEP at this meeting, but it was left off the original agenda due to an administrative oversight.

Need not Greed Oxon had already submitted a question to the Board regarding the absence of this item on the agenda, hence we were given the opportunity to reframe our question in the light of this administrative oversight and the deadline for our submission was extended. However, as of 22 September, the SEP has not been added as an urgent item on the agenda. As such, we are deeply concerned that members of the public will not know that the SEP will be on the agenda and have therefore missed their opportunity to submit a question on this agenda item (members of the public are required to submit questions a week before the meeting). Surely this is not an appropriate or transparent method of public engagement?

Furthermore, we are alarmed that an issue as important as the revised SEP Refresh is to be considered as an 'urgent item' on the agenda. How can we have faith that it will be given the consideration it deserves. Surely the SEP needs to be considered thoroughly and not rushed through because of an administrative oversight?

Need not Greed Oxfordshire has long been concerned at the lack of robust, democratic oversight of OxLEP - an unelected quango. The apparent absence of any proper scrutiny of the revised SEP Refresh by the Growth Board confirms our worst fears. We want to see the revised SEP Refresh debated properly at the next Growth Board Meeting on 30 November.

Given that the first listed purpose of the Growth Board is 'To facilitate and enable collaboration between local authorities on economic development, strategic planning and growth' - will the Growth Board commit to considering the revised SEP Refresh at its next meeting?"

Response:
The Oxfordshire Strategic Economic Plan (Refresh) or SEP was published for Public Consultation by The Oxfordshire Local Enterprise Partnership (OxLEP) in summer 2016. This followed extensive workshop, stakeholder engagement including business representative groups and consultation over the early half of the year. This also included discussion at the July 2016 meeting of the Growth Board where all council leaders welcomed the LEP's support for Local

Authority consultation and agreed that the SEP would be the subject of further scrutiny and examination in each Local Authority, these processes are on-going.

The Board received an additional presentation on the SEP at its September meeting and fed any comments additional to those already made to OxLEP. The SEP will now be finalised in the light of this and other responses in November 2016 following LA consideration. In the light of these processes the Board do not see any reason to once again review the SEP at its November meeting.

DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT IX

Reporting on 2015/16
Produced: July 2016

Contents

Foreword

Every Director of Public Health must produce an Annual Report on the population's health.

This is my 9th Annual Report for Oxfordshire.

It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

I hope that it is found to be interesting, but, more than that I hope it is found to be useful in shaping the County's services for the future.

I am responsible for its content, but it draws on the work of many too numerous to name. I thank you all for your help, support and encouragement.

With best wishes,

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
July 2016

Chapter 1: The Demographic Challenge

Main messages in this chapter:

- **The demographic challenge is about all ages, not just older people.**
- **However the growth in the number and proportion of older people in the population remains the biggest challenge to health and to services.**
- **Services will need to change to respond to the challenge – doing nothing is not an option.**
- **The change is not even across the County – service change will need to be tailored to different localities – there is no 'one size fits all' solution.**
- **The demographic challenge affects all of us now. Its effects can be felt on our busy roads and through plans for housebuilding in the County.**
- **Because of its relatively 'old' population profile, Oxfordshire will be affected more and sooner than elsewhere.**
- **The nature of the population will change too- for example the population will become increasingly diverse.**
- **New patterns of disease and new forms of inequality will follow and we need to be ready to tackle these.**
- **Shifting from a focus on treatment to a focus on prevention will be key.**

In this chapter I want to focus on health and change in our population and what this means for services and what it may mean for each one of us as individuals.

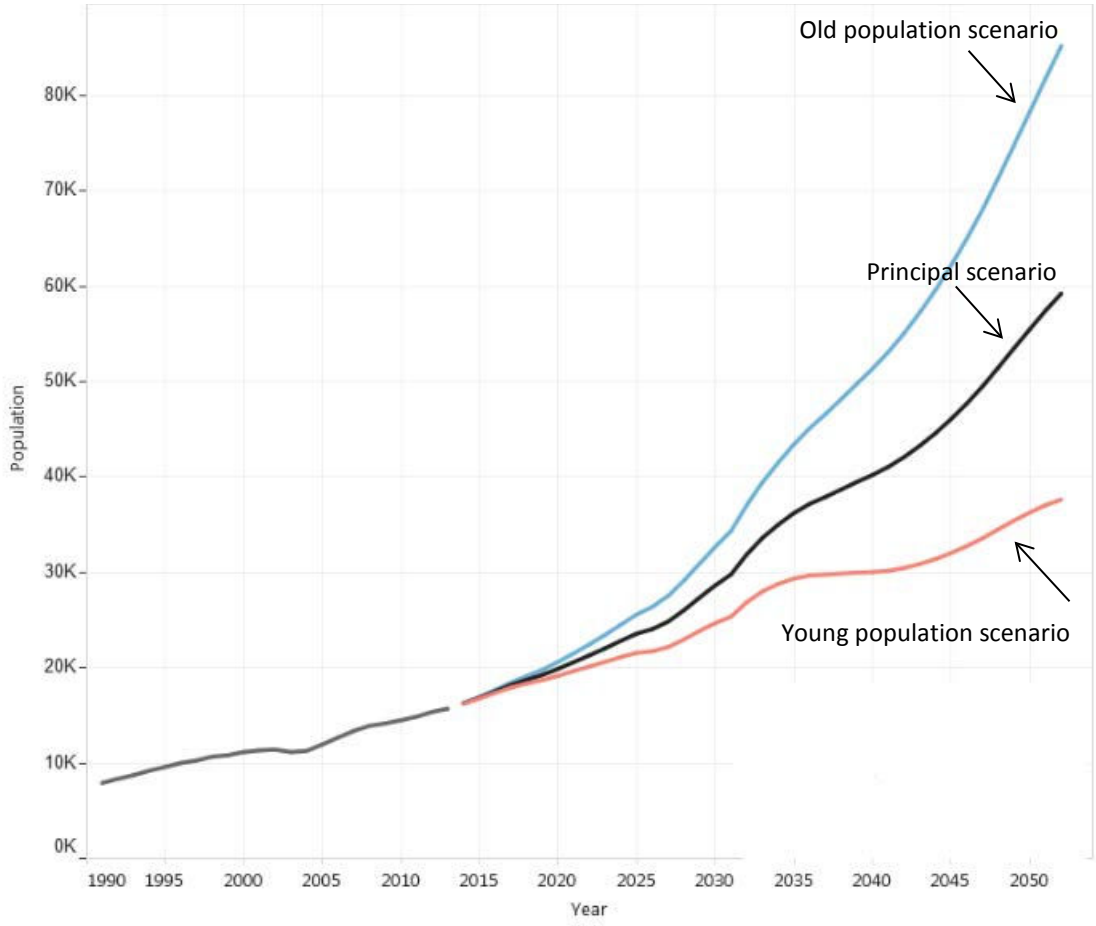
The demographic challenge isn't just about older people – there are issues for all age groups and for the changing composition of the population itself, particularly linked to changes in ethnic group composition. In this chapter I will look at each of these factors in turn.

The overall conclusion is that the demographic challenge is a real game-changer for services and that there is no 'do nothing' option: change is inevitable.

The ageing population

Everyone knows that the population is ageing, and this remains by far and away the biggest challenge to all current services and is the biggest health issue in the County. The chart below shows the picture well for those aged 85 and over in Oxfordshire, looking forward as far as 2050.

Change in Oxfordshire's older population (age 85+)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

It shows that:

- The 85 plus population is set to increase by around 7,800 people between 2014 to 2026.
- That is an increase of 48% - a huge increase.
- There is uncertainty about the absolute numbers, as no one is sure how long people will live for in the future. The top line shows the maximum growth scenario, the bottom line the minimum and the middle line the most likely. The most dramatic projection to 2050 shows that there may be 75,000 people aged 85+ living in Oxfordshire compared with around 16,000 at present.
- If this even comes close to being an accurate projection it will completely change the nature of society, and services, as we know them.

The ***proportion*** of older people differs from place to place across the County and this will be significant in terms of the shape of future services.

The balance between those contributing relatively more to the tax-base (i.e. those of working age) compared with those who are over 75 affects affordability of services going forward. I know that older people make a significant contribution to the economy through taxation, but not at the same rate as those in pre-retirement years. A higher proportion of older people means that services funded from taxation will become progressively more stretched.

This isn't a static situation. ***An 'ageing population' means that both the number and proportion of older people in the population are changing.*** This is a crucial point. If all ages were increasing at the same rate it would mean that we would all have less space to live in but factors such as the tax-base for funding services would stay the same, i.e. services can be 'more of the same but more of them'. It is a more affordable scenario. ***However, if the proportion of older people also changes it affects the balance of diseases that need to be treated, the availability of carers and the range and shape of services that need to be offered.***

This means that staying as we are simply isn't an option and things must change – it is a simple and inevitable fact.

The table below shows the proportion of the population aged 65+ in the County as a whole and in Districts using 2014 data.

Number of people aged 65 and over in Oxfordshire and its districts

Area	Number of people aged 65+	% of area's population
Cherwell	24,500	17%
Oxford	17,800	11.3%
South Oxfordshire	27,300	19.9%
Vale of White Horse	24,400	19.5%
West Oxfordshire	21,600	19.9%
Oxfordshire Total	*115,600*	17.2%

Source: ONS mid-year population estimates, 2014

The table shows that:

- Overall, around 17% of the population are aged over 65.
- In South Oxon, Vale and West Oxon the figure is higher than 19%
- In the City the figure is markedly lower at around 11%.

Looking even more closely at the proportion of over 65s shows that some wards top the 25% mark for people aged over 65, and Burford hits over 32%. The table below sets out the Oxfordshire wards topping 25% of residents aged 65+.

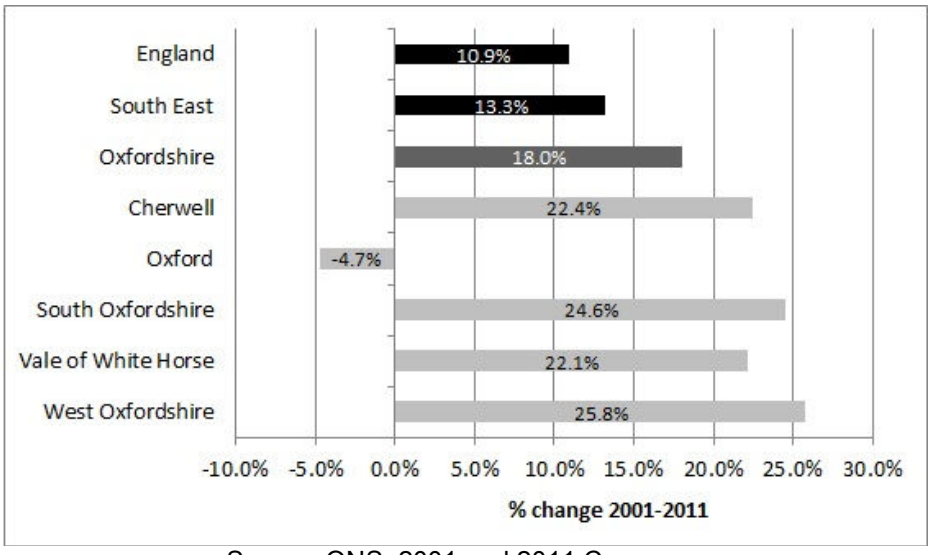
Oxfordshire wards where older people make up more than a quarter of the population

Ward and District	Number aged 65+	% of ward's population
Burford, West Oxfordshire	630	32.5%
Goring, South Oxfordshire	1654	28.7%
Henley North, South Oxfordshire	1560	27.8%
Greendown, Vale of White Horse	654	27.3%
Sonning Common, South Oxfordshire	1478	27.1%
Ascott and Shipton, West Oxfordshire	544	26.9%
Cropredy, Cherwell	715	26.1%
Deddington, Cherwell	692	25.9%
Woodstock and Bladon, West Oxfordshire	1080	25.7%
Blewbury and Upton, Vale of White Horse	542	25.7%
Adderbury, Cherwell	745	25.2%
Milton-under-Wychwood, West Oxfordshire	525	25.2%
Kennington and South Hinksey, Vale of White Horse	1141	25.0%

Source: ONS mid-year population estimates, 2014

Not only is the proportion of older people different in different places, the proportion is also changing at different speeds. The table below shows how the number of people aged 65+ has already increased dramatically in the County and four out of five Districts between 2001 and 2011.

% change in the number of older people in Oxfordshire and its districts (2001- 2011)



Source: ONS, 2001 and 2011 Censuses

It shows that this affects Oxfordshire more than the national and regional pictures – the national and regional increases are around 11% and 13% respectively compared with a huge 18% for Oxfordshire as a whole and topping 22% in Cherwell, South Oxfordshire, Vale and West Oxfordshire.

The City is very different – more younger residents means that the number of 65+ residents fell by almost 5% in the same period.

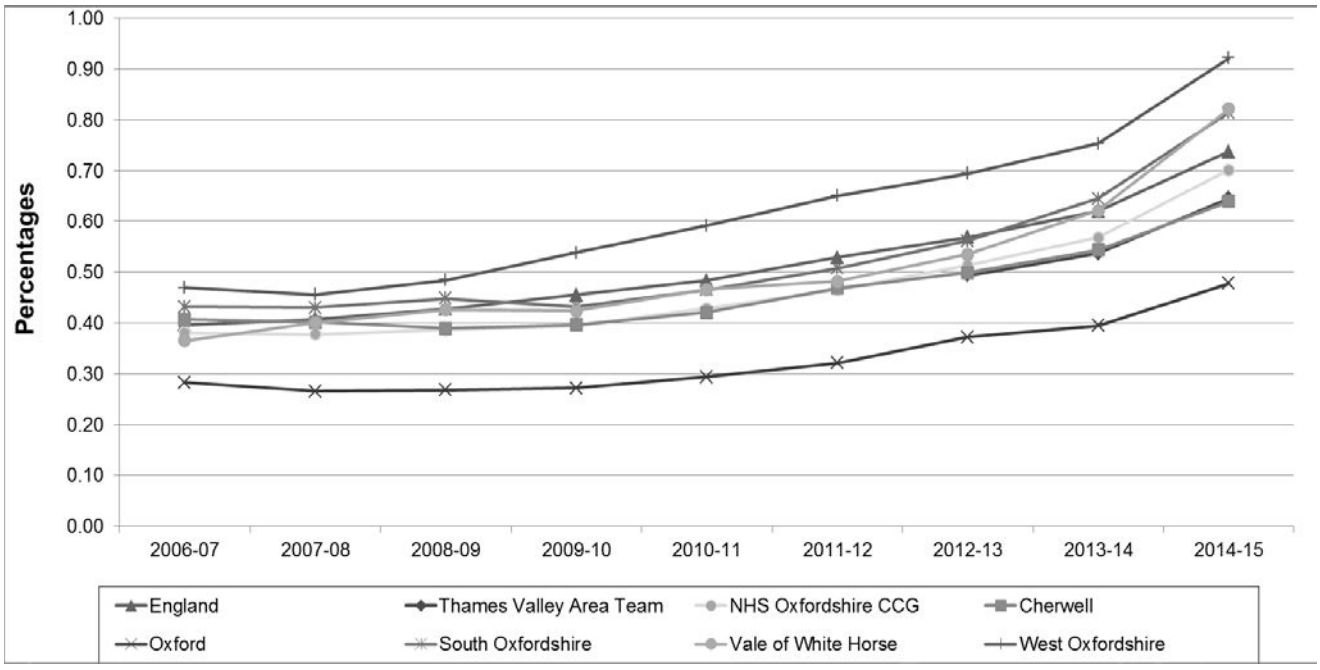
This means that the need for change to services will hit Oxfordshire harder and faster than elsewhere in the country. This puts more pressure on the 'Oxfordshire £' and means that our services will be hit harder and sooner than elsewhere, making the case for change even more compelling.

The differences between different Districts also show that **the right range of services for the future will not be 'one-size fits all'**. Taking into account journey times and distances from health facilities and hospitals means that each locality will need a tailor-made service.

An ageing population means that patterns of disease are changing.

This applies to many chronic diseases such as diabetes, but most topically to dementia. Previous reports have looked at the good developments in detecting and treating dementia in the County and the potential for preventing dementia from a healthy diet, keeping the mind active and exercising more. Upward trends in the detection of dementia are shown in the chart below.

Percentage of patients with a recorded diagnosis of dementia in the GP registered population - 2006/07 to 2014/15



It should be noted that this measures the percentage of dementia in a population – the figure for the City is low because the percentage of older people is lower than elsewhere – it is the rising trend in detection that is important and this should be welcomed.

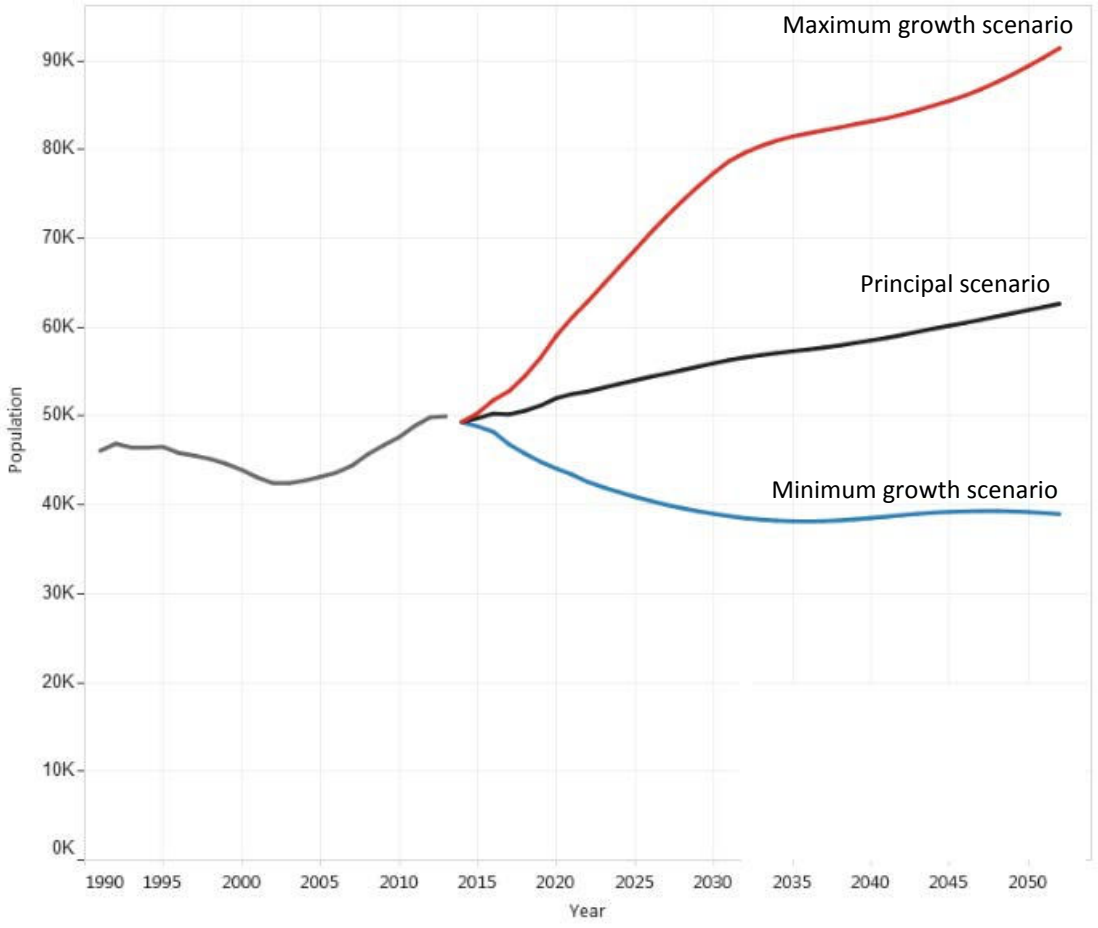
The Demographic Challenge and younger age groups

Population growth due to new housing will tend to swell the number of younger families in the county. The **long range population projections** take into account ambitions for **93,560-106,560**

new homes between 2011 and 2031, as set out in Oxfordshire's Strategic Housing Market assessment

According to the County Council's principle population projection (the most likely scenario), the number of 0-5s in the population is set to increase from 49,600 in 2014 to 54,400 in 2026 (a rise of around 10%). However, there is considerable uncertainty around these figures, as is clear from the chart below. The actual number will depend on a range of factors, including future birth rate, migration patterns, and housing developments on the ground.

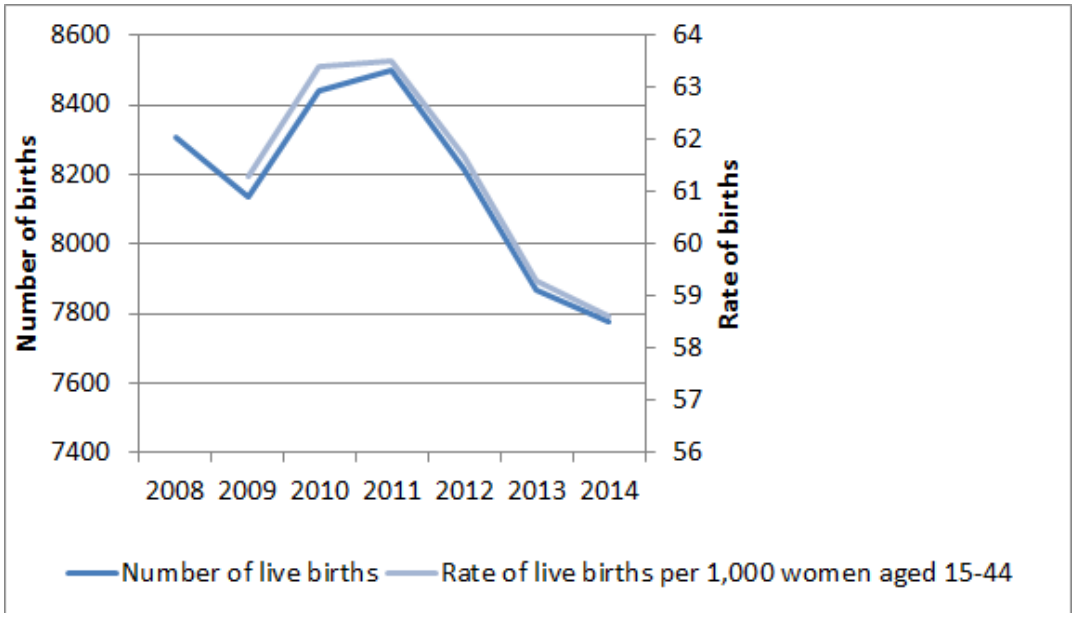
Change in Oxfordshire's population aged 0-5 (inclusive)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

The impact of growth due to future housing developments is demonstrated by comparing this growth with the underlying local birth rate which has been falling steadily for the last few years as shown in the chart below. In 2014 there were 7,775 live births to Oxfordshire mothers, representing a rate of 59 babies being born per 1,000 women aged 15-44 each year.

Number and rate of live births in Oxfordshire (2008-2014)



Source: Office for National Statistics Birth Statistics

The expected growth in young families in the County will have obvious implications for provision of health care, midwifery services, health visiting services and school provision and a much wider range of services. All of this will need to be funded from a shrinking tax base.

This is a further reason why change is inevitable.

We will simply have to find new ways to provide services.

If we didn't have growth from housing and more people moving into the County, would the population grow or shrink?

A statistic called the total fertility rate (TFR) or completed family size (CFS) gives the answer. It adds up the number of children women will have in their reproductive lifetime on average. A figure over 2.1 children per woman means the population size is steady – i.e. people replace themselves through childbirth.

A figure lower than 2.1 means the population will fall and over 2.1 means the population will grow, all else being equal. Of course this is an average. Women having 3 or 4 children make up for those having none or one.

The current figures are:

- Oxfordshire: 1.75
- England: 1.83

This means that if nothing else happened, the Oxon population would naturally fall, and it would fall faster than the England rate.

This shows that population growth stems from housing and net migration into the County.

More People in the Same Space Means Inevitable Change

As we have seen, the net population of Oxfordshire is set to increase and to carry on increasing.

Simply having more people in Oxfordshire will impact on services, travel, housing stock house prices and the nature of the local workforce.

The implications of having more people living in Oxfordshire are:

- **There will be more pressure on existing services and increased demand for new services and new ways of delivering services.**

- **It will be more difficult to travel around the County** if things remain as they are. Travelling to Oxford hospitals for tests or outpatients (and finding a parking space) can already be challenging and may become more so. New options will have to be found which are more local or use online technology.

- **Mobile services like home care and district nursing will need to be organised** to cope with traffic congestion and the areas professionals can practically cover in a day will shrink.

- **The housing stock will need to change to meet the needs of an ageing population** as well as for young families. This means that we will need to develop more options like extra care housing. Older people may demand a different model of housing, and may well wish to group together for mutual support and to reduce the costs of care. It is possible that more people will want to trade in their existing home as they age for a place in purpose-built communities which provide company, care and medical support as seen in other countries.

- The debate about prevention may well change considerably. In the future **preventative services may become a matter of economic necessity**. People may well take prevention of disease and the imperative to adopt a healthier lifestyle more seriously as a means of self-defence and an economic tool. Once the link is firmly made in people's minds between piling on the pounds and a less-rewarding and less wealthy old age, we may see a sea-change in the way in which diet and exercise are viewed by people in their 40s 50s and 60s. **In the future, prevention of disease and investing in a healthy lifestyle may well be taken as seriously as pension planning is now.**

'We' are not the same 'We' as we were…….

In looking to the future it is important to note that the population structure is changing in other ways too. In a very real sense, collectively, 'we' are not the same type of population as 'we' were twenty years in the past or will be twenty years from now. Our habits, beliefs, and use of technology will all change patterns of health, sickness and expectations.

Add in change due to changing ethnic mix and we are looking at completely new scenarios. These issues are picked up in detail elsewhere in the report. In summary the main impacts are as follows:

Re changing lifestyles:

The major changes may well be about diet and activity. Both increasing obesity and decreasing activity as independent factors result directly in more chronic disease, diabetes and cancers. Alcohol consumption leads to a wide range of diseases and cancers and fuels obesity. The trend for alcohol consumption to creep up as we get older is a cause for concern. Any alcohol intake increases the risk of cancer as the Chief Medical Officer has recently pointed out, but the greatest effect in terms of numbers might be seen through the high calorie content of alcohol as a factor in middle-age weight gain.

Re the changing face of health and care technology:

A summary of recent trends shows the following:

- more can be done locally and remotely to diagnose, monitor and treat disease and care needs

- drugs to combat heart disease and cholesterol have helped to reduce deaths from heart and circulatory disease. New drugs now in the pipeline may help.

- new treatments are developed all the time fuelling both expectation and cost of services. The cost of new health technology and drugs outstrips baseline inflation rates. Recouping the research and development costs that go into new treatments makes them very expensive initially.

Re the changing ethnic mix of the population:

- The figures are given in full in chapter 3. I want to focus here on the impact of changing ethnicity on ageing. The ageing population will increasingly be ethnically diverse. This means that the pattern of disease will change. For example, people from parts of Asia and the Indian sub-continent are more prone to develop diabetes and its complications at lower levels of obesity. We haven't yet seen the impact of this, but it will become a more significant factor.

- In 2011, the ethnic mix of over 65s for the whole County was: 94% White British, 4% White Non-British and 2% Black and other Minority Ethnic Groups.

- This contrasts with the picture seen in the City which has a more diverse population. Around 7% of City residents aged 65+ are Asian, Black and other Minority Ethnic Groups – 5 percentage points more than the County average. This trend will continue and will be seen in all parts of the County.

The Demographic Challenge: Putting It All Together

We have seen that many factors in the population are changing – it is not just about change in older people.

We have looked at the implication of simply having more people. Other factors will change as well, for example:

New patterns of Inequalities may emerge

It is likely that new forms of inequality will emerge. For example we may start to see:

- ***Inequalities of support and companionship –*** having supportive networks and a peer group to lean on is like cash in the bank. We know that isolation and loneliness lead to all manner of worse health outcomes. The people who have supportive networks will simply do better and those who do not will be more at risk.

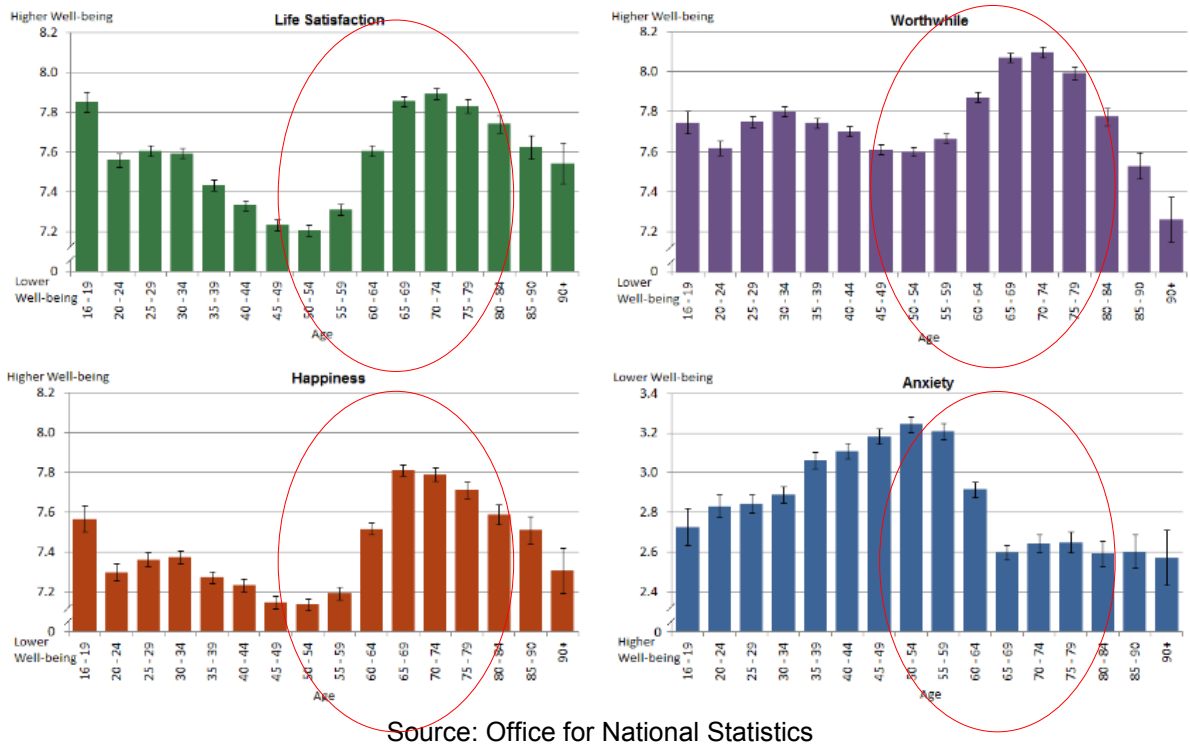
- ***Inequalities of take-up of lifestyles which prevent disease*** may be another key inequality to emerge. Those who make a series of small changes to their daily lives – simple things about more exercise, better diet and drinking less – will tend to have better health en masse than those who do not. Again, it is like cash in the bank – an inequality may emerge between those who create their own personal plan for improving their lifestyle and those who do not– it's like backing yourself in life's race to improve your odds of a healthier life.

- ***Inequalities in health knowledge.*** If you don't know something might be bad for you, you can't make the choice to do something about it. Simple messages like '5 a day' do hit home and do change people's behaviour in the long term. We can see this for sure when supermarkets start to market '5 a day' products because there is a demand for them. This isn't about preaching and nannying – it's about informing local people about health issues so that they can make their own decisions within their means. Everyone can make small positive changes – taking the stairs more often or eating the odd apple instead of a chocolate bar – but not if they don't know it might be a good idea.

But it isn't by any means all bad news – the up-side of older age

UK data asking people about their levels of satisfaction with life, happiness and anxiety shows some surprising and hopeful results for older people. The results are shown below in 5 year age bands from age 16 onwards below.

Average personal wellbeing ratings in the UK, by age (pooled data for 2012-2015)



Source: Office for National Statistics

The results show:

- All measures of happiness and wellbeing dip in the 30s, 40s and 50s and then leap up around retirement age.
- Anxiety levels do the opposite – they are high in adults of working age and then fall dramatically.
- As older age increases, life satisfaction and happiness do fall, but anxiety does not increase.

Factors stated by people in the survey as reasons for poorer mental wellbeing in the over 50s are (in order): financial difficulties; having long term illness or disability; being unemployed or retired; being divorced or separated; having a mortgage and living in an urban area.

I don't pretend to be able to interpret these statistics, but they do seem to give something of a clue about the recipe for increasing the odds of a contented old age which seem to be something like: enough money to get by, positive relationships, being in generally good health, a lack of day to day worries and having a sense of purpose.

When will the demographic challenge kick in? The future is already upon us.

The effects of these changes have already begun – we all know it – you just have to look around you to see:

- At some times of day it is hard to make journeys on our major roads
- Hospital parking is more difficult
- GP services have changed radically – for most people there is no such thing as 'my own Doctor'
- The health and social care sectors are short of cash
- The retirement age is getting later
- Pensions are under pressure
- Half of adults are now overweight
- Health scares have changed – once it was all about heart disease and ulcers, now it's dementia and diabetes
- Some parts of the County are now multi-ethnic communities
- So many things are done on-line with new technology
- Radical service changes are being formulated as we speak.

So, all in all, the inescapable conclusion is that it isn't about whether services and our approach to disease changes; it's about how we must change.

What Can We Do to Meet the Demographic Challenge Head-on?

Mixing common sense and clinical evidence suggests that we should do the following 8 things:

1. **Do more to prevent disease from starting in the first place**
2. **Re-shape health and social care**
3. **Use housing growth to build communities which encourage good health**
4. **Level up inequalities**
5. **See mental and physical health as a continuum, not as two separate things**
6. **Help carers, community groups, voluntary groups, volunteers and faith groups to bridge the gap between statutory services and what people can do for themselves**
7. **Join up services better to give a better start in life**
8. **Protect people from 'unseen threats' such as infectious disease, emergencies and disasters**

The chapters in this annual report deal with many of these points.

Chapter 2 reports on building health communities through the Healthy Towns Initiative
Chapter 3 takes a close look at disadvantage and inequalities, focussing on children
Chapter 4 looks at how we can prevent more disease from starting
Chapter 5 focusses on current mental health issues
Chapter 6 reports on infectious diseases and emergencies

With regard to re-shaping services, the NHS is about to embark on a major service consultation about the future shape of health services in the County. It will be vital to engage the public in this, as every one of us has a part to play in the changes that are inherent in the demographic challenge.

What did we say last year and what has happened?

Last year the recommendations focussed on the need for the NHS to plan for the increasing number of older people in the population, the rise in dementia and to take account of loneliness as a risk factor for older people's health. The need to integrate health and social care was also highlighted, as was the need to further improve NHS Health Checks.

This to a large extent has happened – the NHS is currently preparing a major public consultation on service change which will take these factors into account. This is scheduled for the Autumn.

Progress on NHS Health Checks is covered in chapter 4.

Recommendations

1. The major NHS service consultation about 'care closer to home' should be debated thoroughly and the views of the public and partners taken into account. The extent to which the proposals meet the need to re-shape services to meet the demographic challenge should be a major consideration.

2. The Health Overview and Scrutiny Committee and Healthwatch should consider the consultation carefully and take the issues covered in this chapter into account in their responses.

3. The County Council and the Clinical Commissioning Group should consider the factors in this chapter in shaping plans to integrate health and social care and should do more to prevent disease from starting.

Chapter 2: Building Healthy Communities

Main messages in this chapter

- **If we are to meet the demographic challenge we need to get health issues into local planning of housing, communities and transport schemes.**
- **The Healthy New Towns initiative gives this work an excellent boost in Oxfordshire.**
- **The challenge will be to apply the lessons learned to local planning across the board.**

What can we do to plan, design and build healthier places.

Last year I looked in detail at the intertwined relationship between health, housing, transport, environmental factors and community planning.

In particular I focussed on the complexities of getting health issues into the local planning system with network of Councils, developers, developer contributions, appeals etc.

This year I want to be a little more positive and look at some local work that may help to point the way forward - the Healthy Towns initiative.

This is an important step towards meeting the demographic challenge head on.

In general, the penny seems to have dropped that if we are to combat the demographic challenge we have to think differently about community planning and be more sophisticated about building in healthy features such as cycle paths and community spaces as well as making provision for homes that adapt as one ages, and homes that can be afforded by the lower paid hospital and care workers we depend on.

This is more easily achieved in new developments where we start with a blank sheet of paper – trying to add things like cycle routes to existing medieval road layouts is another matter altogether…….

The Healthy Towns initiative

This idea is being showcased in a Government initiative called the NHS Healthy New Towns initiative via a number of pilot sites. It is about putting 'health' at the forefront of the design of new communities.

We are the only County in the country to have two sites chosen to become part of this, which is a real achievement. The 'Healthy Towns' initiative is led by the NHS in close collaboration with Local Government. District, City and County Councils have all been involved, as has the local NHS and the Public Health team. There is also the bonus of expert help from Government Departments and a grant from the NHS.

In a nutshell the Healthy New Town Programme aims to make it easier for people to make healthier choices for themselves and their families.

Being part of the NHS Healthy New Towns Programme puts Oxfordshire on the map as one of the leaders in getting health into planning.

We have two NHS Healthy New Town sites in Oxfordshire, one in Bicester and one in Barton Park. The sites were selected from an original 114 applications and were announced in March 2016. Bicester has 26,000 new homes that will be available across the whole town, of which 13,000 will be new homes including the exemplar Elmsbrook at NW Bicester Eco development. Barton Park has 885 residential units planned. The two sites are very different but there is much we can learn from these differences as well as sharing the learning from the similarities.

The Barton Park programme is developer and City Council led, with housing to be built alongside the existing Barton area which is an area of significant social disadvantage. Integration of both parts of Barton will be essential to spread the benefit of this new approach.

The idea is to design communities where:

- walking to school or cycling to work become the default option
- public spaces are dementia-friendly from the outset
- health services are joined up with other local services, using digital technology to promote health
- houses can be adapted to meet the needs of people as they age.

It is worth dwelling on some of the details in the **Barton Park** initiative which include the building of a new school which is expected to link with the existing school in Barton. The school will also have community space which will provide an area for social activities, clubs, groups and activity sessions to keep people active and to reduce isolation and encourage mental wellbeing. It is hoped that these will link to the existing community facilities such as the Barton Neighborhood Centre. Being a part of the school also means that a community 'hub' is created where there is an opportunity for more contact between a wide range of people.

There will also be a civic area which will include shops and further opportunities for social contact with others.

The football pitch provision is planned to be upgraded. It is expected that some of the pitches will be artificial turf and so available to play on for longer during the year. The pitches will mean that pupils at the school will be able to keep active and play sports, but they will also provide a community facility for local clubs to use.

There are also plans for upgrades to the allotments which will serve the whole community, both existing and new. Working on allotments will help people to be active, enjoying the fresh air and socialising with others, as well providing the means for healthy food to be grown.

Green routes are planned where people can walk through attractive areas for pleasure or to reach facilities and services in other areas of the development. Some sections will also link to footpaths leading out to the open countryside, which will make it easier for people to be active and enjoy the outdoors without having to travel in the car to get there.

It is planned that there will be play areas where children can be active outside in open spaces. A 'trim trail' will be created which will link to the existing green area in Barton. It is also expected that there will be upgrades to the GP practice in the existing Barton area which will serve both the existing and new communities.

The development will be designed to 'fit in' with the area, with the use of design materials local to Oxford where possible. It is planned that the streets will be designed so that choosing to cycle or walk is easier than choosing to drive. Cycling and walking instead of using the car boosts physical health and mental wellbeing and makes socializing easier which reduces isolation.

The programme at **Bicester** is focusing on the whole town and how the new housing can improve the health and wellbeing of all residents**.** This is based on a broad partnership of around 21 organisations and, along with the developer, includes Local Authorities, health service commissioners, universities, businesses and many more. The plans include:

- options for people to choose healthier ways to travel through cycling, walking or using these in combination with public transport
- more opportunities for social interaction with others
- green space such as parks and walkways and cycle networks which will give people safe and attractive areas to walk or cycle through and will make these methods of transport more appealing.
- Homes designed so that people can live independently for as long as possible. The houses will have features such as good insulation to prevent them from becoming damp, to keep people warm and well and to reduce the amount of money that they will need to spend on heating bills.
- It will be easier for people to eat healthily by ensuring that there are adequate cooking facilities in people's homes, with easy access to shops and plans to provide opportunities to grow food locally.
- Some of the community facilities and services will be located in shared buildings or in the same area so that resources can be shared and they are easier for people to get to them and use them.
- Well-designed community spaces that are attractive and easy to access will give people more opportunities to have contact with others to help reduce isolation and improve mental wellbeing.

Technology will be key in NHS Healthy New Towns. The Elmsbrook Eco development in Bicester will consist of 393 houses which will be installed with digital tablets known as 'Shimmy's' . The tablets will enable households to have access to a range of information. This could include community information such as opening times of services, dates of local events, contact details of services and can carry reliable health information and messages. The Shimmy could also have a feature to let people know 'live' travel options e.g. when the next bus will be, how long it would take to walk to their destination and the routes they could take to make it easier for people to choose travel options that don't automatically mean getting in the car.

There will also be an element of home energy efficiency on the Shimmy where people could monitor temperatures and the amount of energy that they are using in their homes. There are also plans to improve access to health care through the Shimmy such as appointment booking, remote consultations and electronic monitoring of people's vital signs.

That's all well and good, but will it happen and is it generalizable?

This is the big question and the proof of the pudding is in the eating. We will have to wait and see which of these features can be achieved and which make a real difference.

Fancy developments with some Government funding are fine, but what about the 1000's of other developments being proposed across the County? No-one knows the answer, but the Healthy Towns initiative could mark a turning point. Health is now on the map in terms of local planning, and there are many ideas coming from the Healthy Towns development that could be built in to other areas.

Of course the market will have an influence – if these developments prove to be popular, there could be a commercial incentive for developers to build them in elsewhere.
The key is to realise that that we need this type of development if we are to cope with the demographic challenge.

Also the ideas may only be really viable in medium and large size developments. If we continue with 'pepper-pot' developments of a few houses here and there it may be difficult to spread the benefits.

The NHS is alive to the issue of getting health into planning. Proposals for changes to health services are likely to look towards more efficient use of public buildings – the same goes for changes to library services, schools and other public amenities.

The NHS's Sustainability and Transformation Plan is talking about finding ways to work with Local Government in Oxfordshire, Buckinghamshire and Berkshire on local planning as a matter of course.

Various options for Unitary Local Government are currently being debated in the County. It is clear that a Unitary approach would make this sort of planning easier as planning, road building, housing , environmental health, social care and public health functions would all be run by one organisation.

There is far to go and this journey has just begun, which is just as well as we will need to pull together in this way if we are to tackle the demographic challenge while managing a tightening public purse.

What did we say last year and what has been done about it?

Last year's report introduced the topic of 'getting health into planning' and looked at the health issues such as the effect of pollution and the importance of cycling in some detail. The recommendations were all about taking this work further and the Healthy New Towns initiative means that good progress has been made.

Recommendations

1. The Healthy New Towns initiative should be monitored closely and lessons learned should be generalised within the current and future planning system.

2. The NHS through its Sustainability and Transformation Plan should carry out more detailed work with Local Authorities to get health issues into local planning as a routine activity.

Chapter 3: Breaking the Cycle of Disadvantage

Main messages in this chapter

- **Disadvantage and Inequalities remain a major issue for the Public Health of Oxfordshire.**
- **There has been a further modest reduction in disadvantage overall and this is to be welcomed.**
- **We await the findings of the independent Commission on Health Inequalities for Oxfordshire– it will be published later in the year.**
- **There has been steady progress against last year's recommendations.**
- **Because children's services are changing we need to establish a firm baseline of indicators now so that we can measure any future changes. A basket of indicators is set out here.**
- **It is vital that this topic is kept under close review**

We are in between two important developments:

1. Last year this report reviewed thoroughly all aspects of disadvantage in the County and drew the conclusion that, overall, useful progress had been made but there was more to be done,

2. By next year the Health and Wellbeing Board's Independent Commission on Health Inequalities will have reported, having sifted the evidence with a fresh pair of eyes which should help to point the way forward.

This year therefore I want to do 3 things:

1. Review progress on last year's recommendations in detail

2. Report on new data which has emerged during the year

3. Concentrate on children and young people by proposing a set of indicators to monitor changes to children's services in the future

Detailed review of last year's recommendations

Because this topic is so important to improving health, I am going to repeat the detail of last year's recommendations and formally review progress on each one:

The recommendations came in two parts – short term and long term:

Review of Short term recommendations made last year:

Each recommendation from last year is set out in full and is followed by a progress report:

Recommendation 1 said:

The Health and Wellbeing Board should carry out its plans to sponsor a more detailed review of disadvantage, and should use the analysis in this report as a source of information. This analysis should inform the Joint Health and Wellbeing Strategy, Local Authority plans, the Clinical Commissioning Group's 5 year plan and the work of the NHS and County Council Systems Leadership Group and Transformation Board.

Progress report:

Good progress has been made. The Health and Wellbeing Board has sponsored an independent Commission on Health Inequalities and the work is due to report in the Autumn. It has taken evidence from a wide range of sources and has had access to local data.

The NHS's 5 year plan is being implemented through a 'Sustainability and Transformation Plan' (STP), which is including prevention and health inequalities as a major concern to be addressed. The NHS has determined that this plan should cover Oxfordshire, Buckinghamshire and the West half of Berkshire.

Making plans is all well and good – it will be important to make sure this is followed by real action.

Recommendation 2 said:

All agencies should maintain current programmes which are successfully reducing disadvantage. These include:

- Teenage pregnancy
- The Thriving Families programme
- Work with schools to improve school results
- The promotion of breastfeeding
- Improved dementia services
- Improved mental health services.

Progress Report

Satisfactory progress has been made on all of these programmes – many will form part of the NHS's Sustainability and Transformation Plans (STP) mentioned above.

Further information on school results, teenage pregnancy and the Thriving Families programme are included later in this chapter.

Recommendation 3 said:

All agencies should target the causes of disadvantage which are static or increasing. Specifically:

- The Health Improvement Board should continue its efforts to prevent homelessness through partnership working
- GPs and the Public Health team should target NHS Health Checks to improve take up by ethnic groups and manual workers
- Partnership work to eradicate Female Genital Mutilation should continue.

Progress report:

The Health Improvement Board is currently grappling with the issue of homelessness through a multi-agency sub-group. We await the results, but the problem is being pursued in detail.

NHS Health Checks were reviewed to make sure that there are no inequalities in the invitations sent out to people. Next year will see plans come forward to increase uptake in priority groups where disease levels are higher such as manual workers and ethnic minority groups.

Work to prevent Female Genital Mutilation (FGM) has continued successfully as planned. A study has been set up to work with communities with high levels of FGM to find out more about why the practice might be sustained in a UK context. There is currently a dearth of factual information about this because of the sensitivity of the topic. The more we know, the more we can prevent FGM at source. Community researchers have been trained to work with their own communities to tackle the factors that motivate people to consider FGM.

The project will be completed in late 2016 and the findings reported to the FGM partnership group and the Children's Safeguarding Board.

Recommendation 4 said:

Contract specifications for services being renewed should carefully consider how to target areas in the bottom 20% 'Index of Multiple Deprivation' and areas of high child poverty so as to give a good service across the county and a specific service to meet the needs of these areas.

Progress Report:

The issue of placing 'smarter' NHS contracts for services so that areas of high social disadvantage can be targeted has been proposed as part of the 'prevention' plan as part

of the NHS's Sustainability and Transformation Plans (STP). We wait to see developments. This is important and we need to keep a watching brief on progress.

Recommendation 5 said:

NHS Trusts and General Practice should consider how to give additional help to those in the target groups listed above when they come for help for any condition. This consideration should be built into the Health and Wellbeing Board's planned work on disadvantage and specific recommendations should be made.

Progress Report:

This is another strand of what is proposed in the NHS's Sustainability and Transformation Plans (STP). Again, the proof of the pudding will be in the eating and we need to keep monitoring progress.

Longer term recommendations from 2014/15:

Recommendation 1 said:

Recommendations regarding housing and the design of communities so as to combat isolation, loneliness and to break the cycle of disadvantage in specific areas should be progressed.

Progress Report:

The Healthy Towns initiative described in Chapter 2 has given a real boost to this strand of work.

Making real progress on the mixture of housing stock available, designing communities which encourage social contact and building new developments that can be adapted easily as residents age, will probably require a resolution to the current 'unitary debate' going on in the County at present.

The real change is that these topics are now 'on the agenda' as mainstream issues whereas they were given scant regard in previous decades.

Recommendation 2 said:

The Local Enterprise Partnership, Local Government, Local Employers and Oxford University should continue to work together to secure central government funding to provide the infrastructure to favour continued economic prosperity and high levels of employment.

Progress Report:

We work well together as partners in Oxfordshire on these topics and our County remains one of those which contributes positively to the national economy. Making real progress on this topic will also require resolution of the 'unitary debate'. The intense debate in the County about devolution and unitarisation has had the beneficial effect of bringing

forward ambitious thinking about how to attract national funding to drive the economy forward.

Recommendation 3 said:

The Health Overview and Scrutiny Committee should consider scrutinising the extent to which reducing disadvantage and inequality are built into the plans of the Clinical Commissioning Group, General Practice and NHS Trusts.

Progress report:

The Health Overview and Scrutiny group has considered issues of inequity in specific services – the committee has had its plate full in considering major health service plans, CQC and Healthwatch reports, changes to community hospitals and other urgent issues. The time for the Health Overview and Scrutiny Committee to consider inequalities in the round will be when the NHS puts forward its Sustainability and Transformation Plans (STPs) in the Autumn and the Commission on Health Inequalities publishes its findings later in 2016.

Recommendation 4 said:

Healthwatch should be invited to consider monitoring the inequalities identified in this chapter as part of its on-going work programme.

Progress Report:

Healthwatch have continued to champion topics related to inequalities during the year and have helped give voice to those who might otherwise go unheard, including through the Health and Wellbeing Board and the Health Scrutiny Committee. Healthwatch have also been able to contribute constructively to the Commission for Health Inequalities while preserving their neutrality. Their commentary on the published report will be valuable.

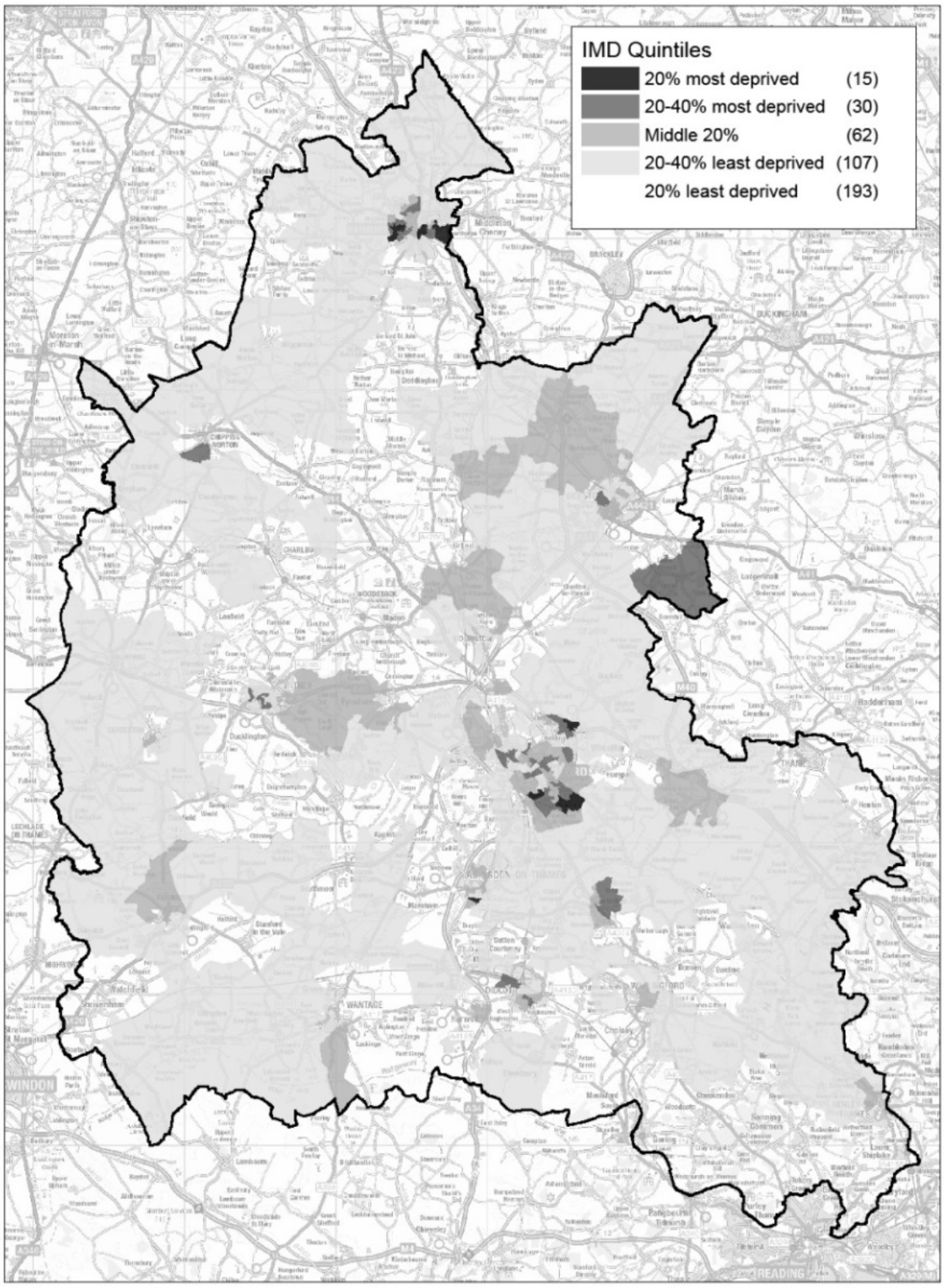
Breaking the Cycle of Disadvantage part 2: Update on data produced during the last year

Measuring overall geographical disadvantage – the 'Index of Multiple Deprivation' (IMD)
The best overall measure of disadvantage in the County – the 'Index of multiple deprivation' (IMD) has been updated.

This measure uses 37 indicators spanning seven broad types of disadvantage. These indicators are used to calculate an overall Index of Multiple Deprivation (IMD). The indicator looks at 407 small areas within Oxfordshire and compares them with national figures.

Overall, Oxfordshire has relatively low levels of disadvantage. It is the 11th *least* deprived of 152 upper tier local authorities in England (up from 12th least deprived in 2010). ***However, as we know, there is significant variation across different parts of the county.*** The map below tells the story – the areas in Oxfordshire which fall within the 20% most disadvantaged in England are shaded the darkest and the areas which fall within the least disadvantaged 20% of areas are not shaded at all.

Overall map of multiple disadvantage in Oxfordshire



Source: DCLG English Indices of Deprivation 2015

The map shows that:

- Most of Oxfordshire's 407 small areas are less disadvantaged than the national average.
- 110 are among the least deprived 10% nationally.
- Overall, nearly half (46%) of the county's population lives in areas that are among the least disadvantaged 20% in England.
- More than four in five residents (82%) live in areas that are less disadvantaged than the national average.
- Of course this does not mean that there is no disadvantage in those areas – individual communities such as Berinsfield for example are 'masked' by being included in larger more affluent areas, and many rural communities can tell the same story.
- 13 areas are among the 10-20% most disadvantaged (down from 17 in 2010).
- Two areas are among the 10% most disadvantaged in England. These are in Oxford City, in parts of Rose Hill and Iffley ward, and Northfield Brook ward. In 2010 only Northfield Brook was among the 10% most disadvantaged areas.

The most disadvantaged areas are concentrated in parts of Oxford City and Banbury with one in Abingdon. They are set out in detail in the following table, along with their national 'ranking' – a sort of league table of all 34,844 small areas in England, where the lower the number, the greater the disadvantage.

Small areas in Oxfordshire among the 20% most disadvantaged nationally

Small Area	Ward	District	Deprivation Decile	Rank position in England (where 1 is the most deprived and 32,844 is the least disadvantaged)
Oxford 016E	Rose Hill and Iffley	Oxford	10% most deprived	2,578
Oxford 018B	Northfield Brook	Oxford	10% most deprived	3,078
Cherwell 004A	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	4,701
Cherwell 004G	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	6,520
Cherwell 005B	Banbury Ruscote	Cherwell	10-20% most deprived	6,173
Cherwell 005F	Banbury Ruscote	Cherwell	10-20% most deprived	6,299
Oxford 005A	Barton and Sandhills	Oxford	10-20% most deprived	4,722
Oxford 005B	Barton and Sandhills	Oxford	10-20% most deprived	5,319
Oxford 016F	Rose Hill and Iffley	Oxford	10-20% most deprived	6,182
Oxford 017A	Blackbird Leys	Oxford	10-20% most deprived	5,225
Oxford 017B	Blackbird Leys	Oxford	10-20% most deprived	3,785
Oxford 017D	Northfield Brook	Oxford	10-20% most deprived	6,523
Oxford 018A	Blackbird Leys	Oxford	10-20% most deprived	4,293
Oxford 018C	Northfield Brook	Oxford	10-20% most deprived	3,553
Vale of White Horse 008C	Abingdon Caldecott	V White Horse	10-20% most deprived	5,936

Source: DCLG English Indices of Deprivation 2015

In general, the areas of Oxfordshire that were identified as the most deprived in 2010 remain the most deprived. However, in Oxford City, one area in Holywell ward, and another in Littlemore, have moved out of the 10-20% most deprived. However, one in Rose Hill has moved *into* the 10-20% category.

In Banbury, one area in Ruscote ward has moved out of the 10-20% most deprived.

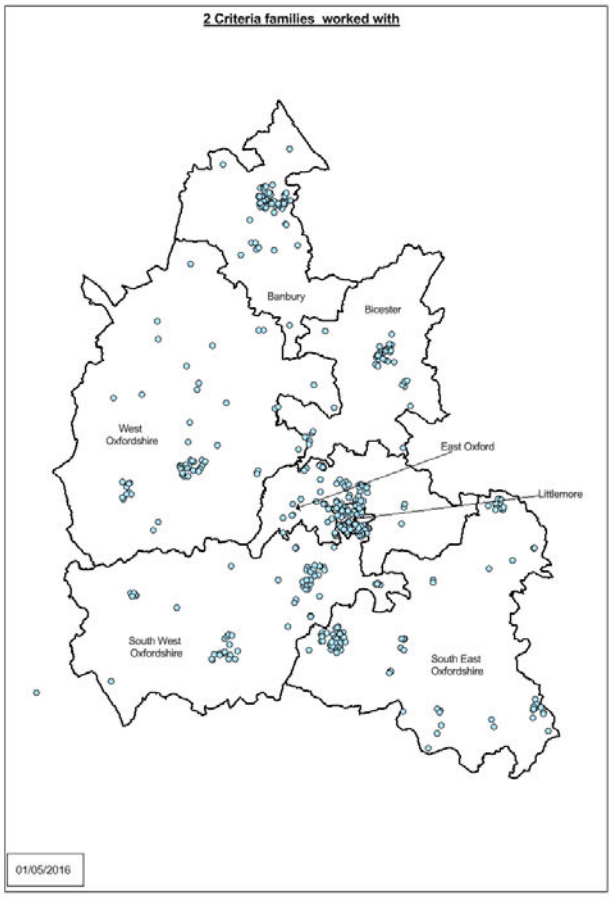
Conclusion: Breaking the cycle of disadvantage in Oxfordshire is all about targeting services to level the experience of all up to the best. Disadvantage in small areas of the County remains the biggest challenge, and services need to be designed to focus on them.

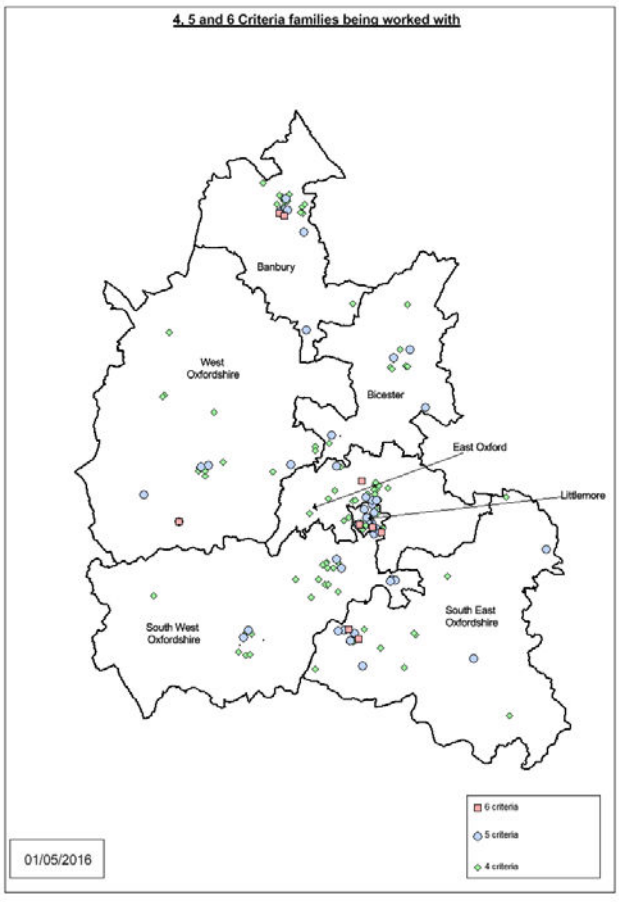
We can get more insight into the spread of individual high-need families by looking at the 'Thriving Families' data below.

Thriving Families Data (The national Troubled Families programme)

This national programme measures 6 indicators of high need in whole families and then focusses services to help them, aiming to break the cycle of disadvantage, get children back into school, adults into work and save the state money.

The families identified can be mapped depending on how many of these 6 criteria they meet. The maps are revealing. I have included 2 of the maps below, one for families with any 2 factors and one map for families with higher needs with 4, 5 or 6 factors:





Comparing the 2 maps shows:

- Families with any 2 of the 6 criteria are spread across the County in rural and urban areas, with clusters in more populated areas.

- Families with 4, 5 or 6 criteria, and therefore greater need, show less 'scatter' and are more concentrated in urban areas, especially Oxford and Banbury.

These maps illustrate well the practical difficulty of planning services on the ground in Oxfordshire – yes, there are needs across the whole County, ***but*** they are focussed on the main population areas and do cluster in the bigger towns.

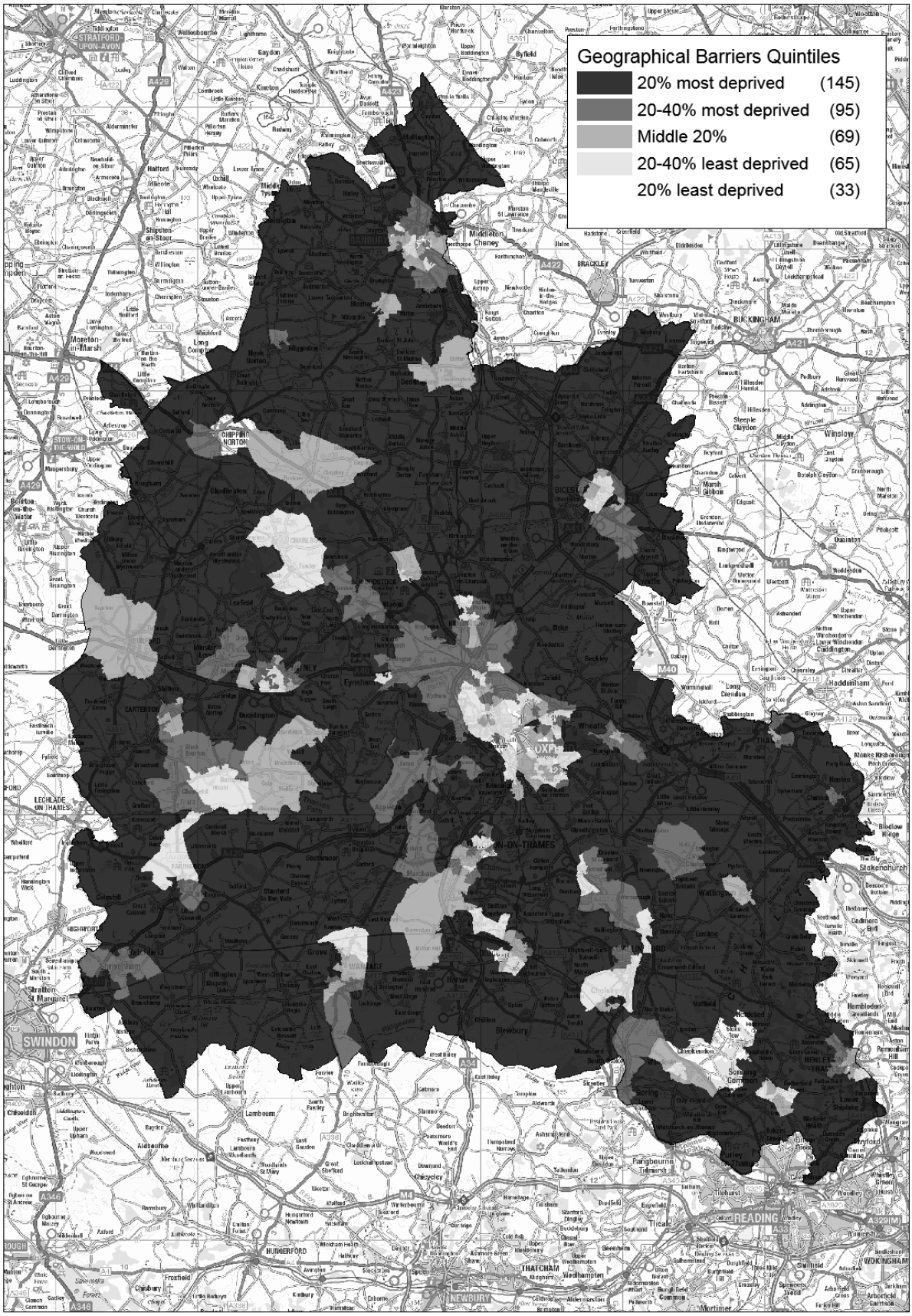
Conclusion: Because the 'Thriving Families' programme is reaching out to all parts of the County, urban and rural, and because it achieves demonstrable results, it is likely that this represents a decrease in disadvantage.

However, the true cycle of disadvantage is passed down from one generation to the next. This will be more likely to happen in communities where many disadvantaged people live together. So, to break the cycle we do need to focus efforts on such communities.

Rural Disadvantage

The other major cause of disadvantage in the County stems from its rural nature. This means that some areas have more difficulty in accessing services as well as having a high proportion of older people. This is shown in the map below in a measure called 'geographical barriers. It takes into account the many challenges posed by rurality in terms of accessing services. It was updated in 2015.

This index is based on road distances to post offices, primary schools, GP surgeries, and general stores or supermarkets.


Geographical Barriers Quintiles
20% most deprived (145)
20-40% most deprived (95)
Middle 20% (69)
20-40% least deprived (65)
20% least deprived (33)
STRATFORD-UPON-AVON
Shipston-on-Stour
Moreton-in-Marsh
STOW-ON-THE-WOLD
CHIPPING NORTON
Mickleton
Cheney
BRACKLEY
BUCKINGHAM
Winslow
Haddenham
OXFORD
LECHLADE ON THAMES
ABINGDON-ON-THAMES
WANTAGE
Wheatley
Stokenchurch
HIGHWORTH
SWINDON
Stratton St Margaret
Lambourn
Aldbourne
Pangbourne
READING
WOKINGHAM
HUNGERFORD
THATCHAM
NEWBURY
Mortimer

The map shows that **the majority of Oxfordshire's 407 small areas are more deprived than the national average**. 85 are among the 10% most deprived nationally and are concentrated outside the main urban centres. A further 60 small areas are in the 10-20% most deprived nationally.

The implications of this were discussed in chapter 1. This is where the demographic challenge will be felt the most and services will need to be re-designed to meet the needs of these communities.

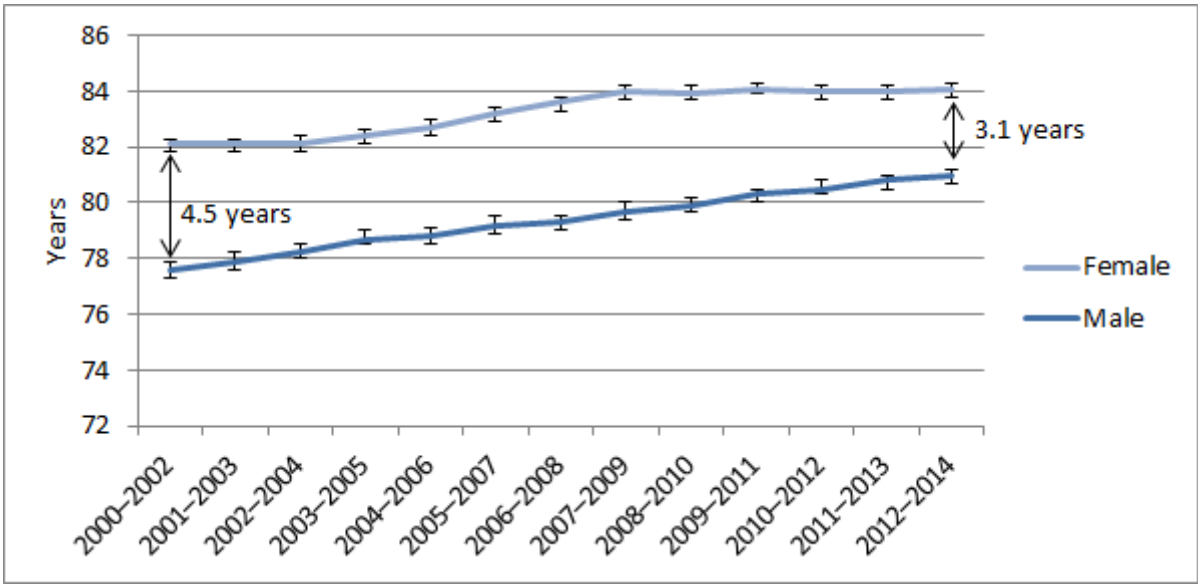
Conclusion: The rural nature of Oxfordshire presents a real challenge to providing services fairly across the County and this form of disadvantage needs to be monitored closely.

Reduction in the 'life-expectancy gap' between males and females.

Life expectancy at birth predicts the average number of years a person born could expect to live if they were to experience their local area's death rates in the future. It is an estimate, but a useful general indicator of life chances in general.

Male life expectancy continues to edge upwards to 81 years, closing the gap on females. Males lag behind by 3.1 years – it was 3.2 years last year. Female life expectancy however seems to have plateaued at 84 years on average. It is still too early to suggest why this might be.

Male and female life expectancy at birth in Oxfordshire, 3-year rolling data for 2000-02 to 2012-14



Source: Office for National Statistics. *NB the vertical axis starts at 72 years, not 0 years.*

For the 2012-14 period, life expectancy for both sexes was higher in Oxfordshire than the national average. *Male* life expectancy was also higher than the regional average (whereas *female* life expectancy was similar to the regional average).

Conclusion: we need to keep this indicator under review, especially as it may indicate a levelling off female life expectancy.

Healthy life expectancy

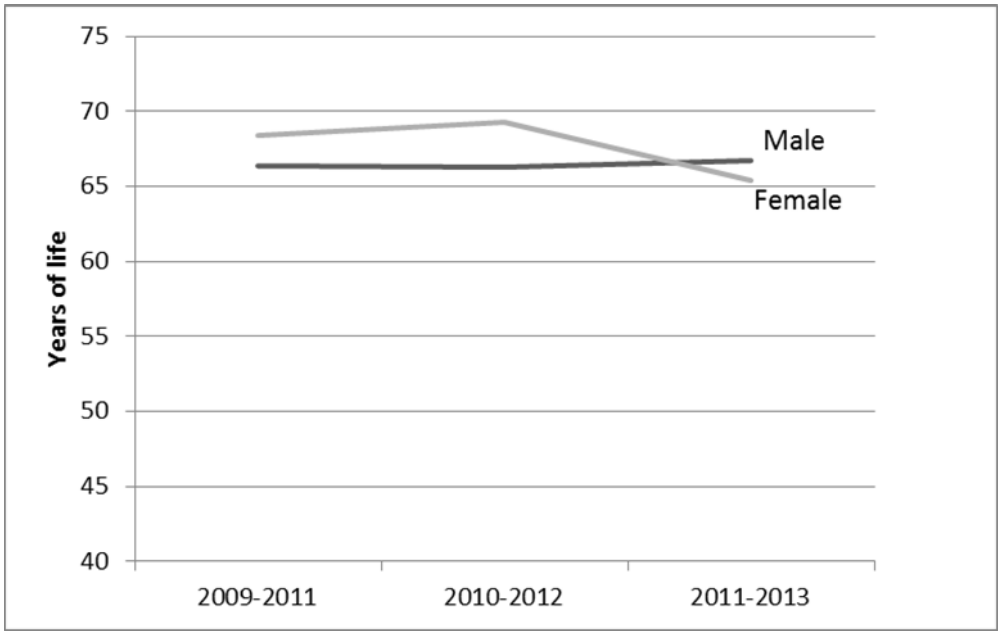
The question then arises, 'so how long can I expect to live in good health'. To answer this we have **healthy life expectancy** figures. Nationally, overall life expectancy has been increasing faster than healthy life expectancy in recent years***; this means people may have more years living in ill-health in the future.***

Males do better than females this time – males can expect nearly 67 years of good health on average and the figures are steady year on year, whereas the figure for females is just over 65 and has fallen slightly and is now lower than for men.

Again, no one is sure quite why this is, but it is important to keep a watching brief.

Healthy life expectancy in Oxfordshire is above the national average for both sexes and close to the Regional average.

Healthy life expectancy at birth in Oxfordshire (2009-11 to 2011-13)



Source: Office for National Statistics subnational health expectancies. NB vertical axis starts at 40 to aid legibility.

Conclusion: This data sounds another note of concern for women's health as a whole and we need to monitor the situation closely

Changes in the ethnic minority population

It is worth reviewing the changes in the ethnic minority population again, as this shows a need to provide a wider range of services in the future if disease is to be prevented and detected early. Comparing the last two censuses, Oxfordshire's Black and Minority Ethnic (BME) communities numbered 59,800 in 2011, - just over 9% of the population. This was nearly double the 2001 proportion of just under 5%, and resulted from growth across all of the county's BME communities.

People from Asian backgrounds constituted the largest BME group, numbering 31,700, or almost 5% of the county's population (up from 2.4% in 2001). Most came from Indian backgrounds (1.3% of the population) or Pakistani backgrounds (1.2%).

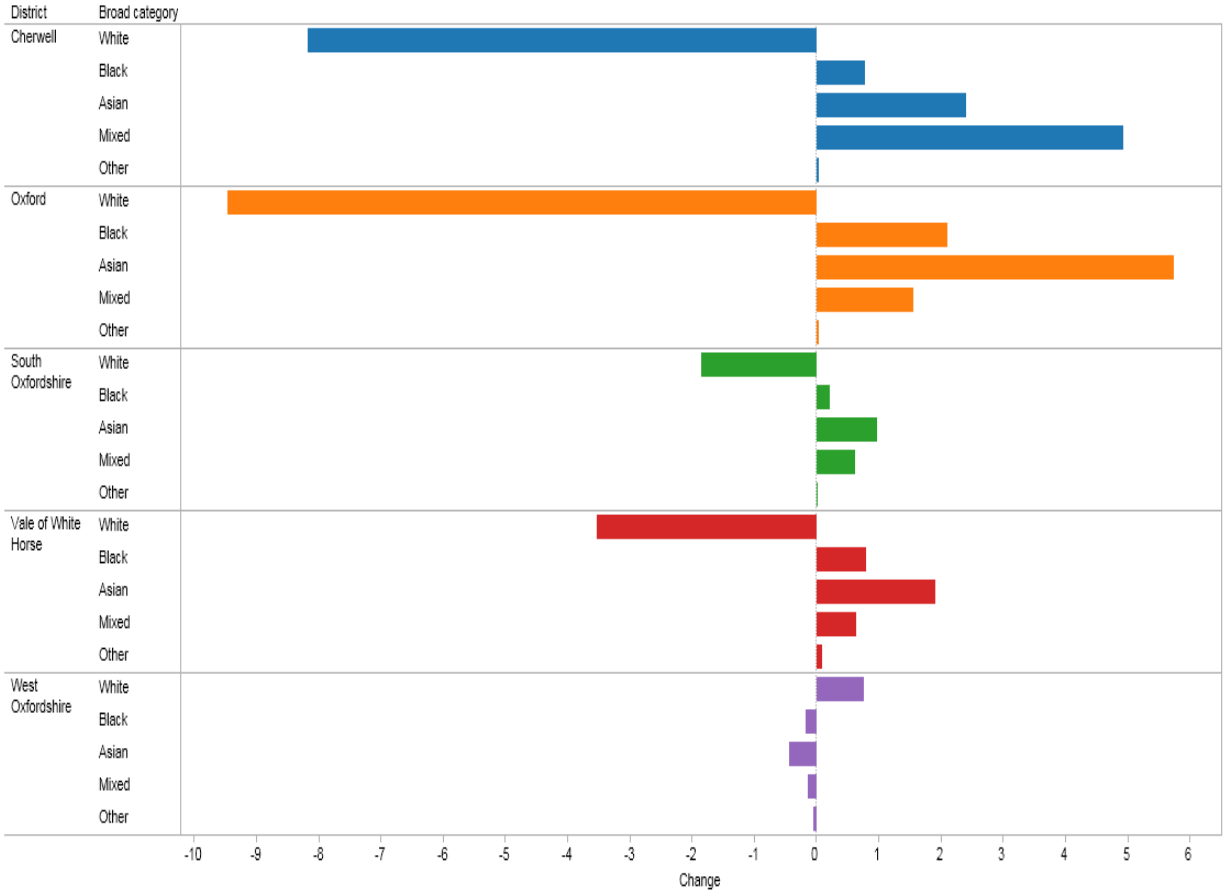
There were 13,200 people from mixed ethnic backgrounds, accounting for 2% of the population (up from 1.2% in 2001).

The number of people from all Black ethnic minority groups was 11,400, or 1.8% of the county's population (up from 0.8% in 2001).

The chart below shows the percentage increase or decrease in the main BME groups between the censuses. The chart shows that:

- Oxford and Cherwell saw the largest increases in the proportion of the population made up by BME communities between 2001 and 2011.
- There was a 6% increase in the proportion of people from Asian backgrounds in Oxford, the largest increase of any of the broad categories.
- Cherwell saw a 5% increase in the proportion of people of mixed ethnic backgrounds.
- Vale and South Districts showed modest rises.
- The proportion of the population made up by ethnic minorities fell slightly in West Oxfordshire.

Change in the proportion of the population made up by ethnic groups



Source: Oxfordshire Insight, data taken from 2001 and 2011 ONS Census surveys

Conclusion:

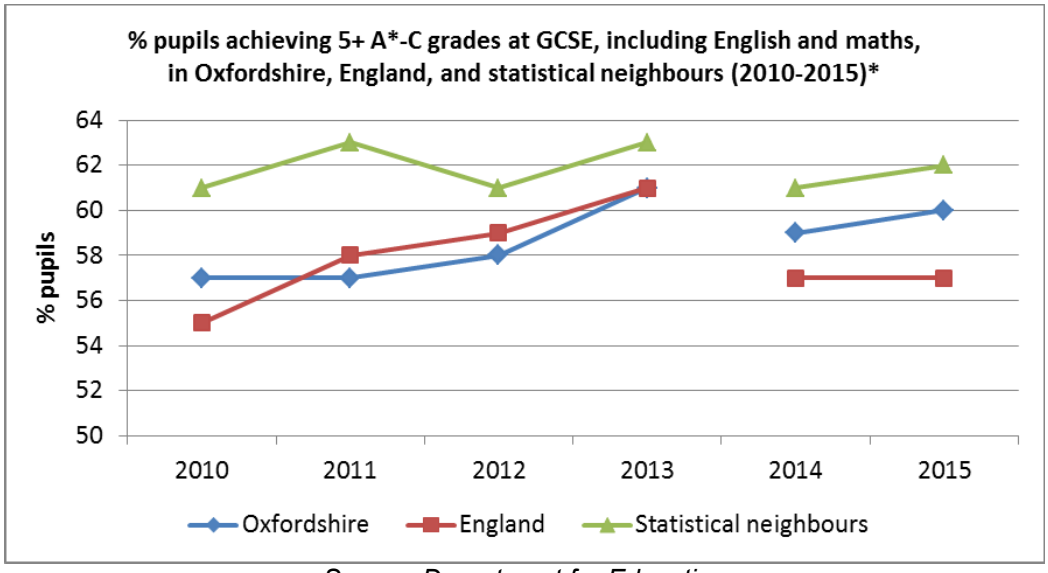
The increasing diversity of Oxfordshire's population remains a key factor in tackling disadvantage through targeting services.

School results at GCSE (typically children aged 15)

These are important measures of the life-chances of children and I report on them each year.

2015 was a good year overall, with **60% of pupils achieving five or more A*-C grades at GCSE, including English and maths. This was above the England average of (57%).**

This is very good news because the chart shows an increase in good results above the national figures. There is further to go as the results were below the average across Oxfordshire's statistical neighbours (similar Counties) by 2 percentage points.

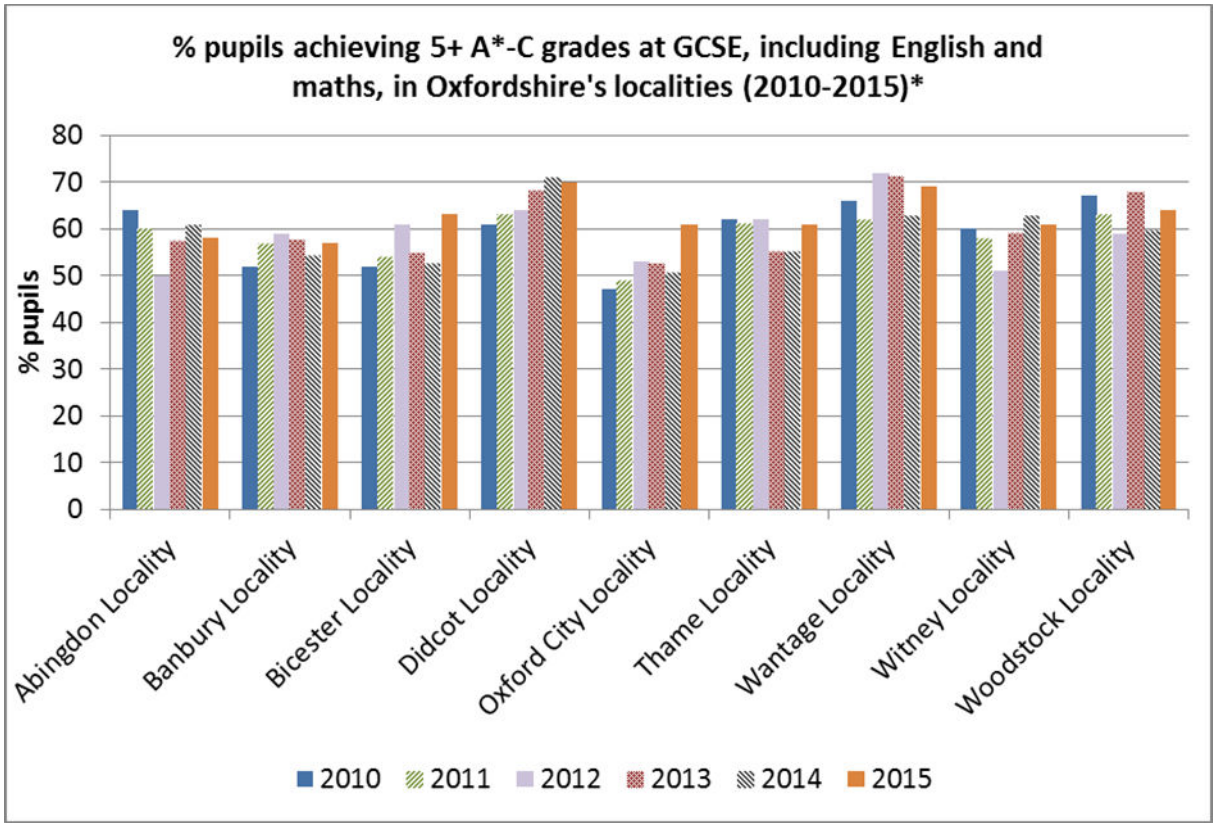


Source: Department for Education
**Before 2014 the measure was based on best entry; from 2014 it is based on first entry*
***NB vertical axis starts at 50 to aid legibility.*

However, this good news must be tempered when we look at results for ***children eligible for free school meals*** which we can use as a rough measure of poverty - 31% of pupils known to be eligible for free school meals achieved five or more A*-C grades at GCSE, including English and maths, compared with 62% of other pupils (a gap of 31 percentage points). This was slightly worse than the England average by 2 percentage points, but it was higher than our statistical neighbours by 1%.

School results at GCSE by locality

There is some good news here too. The chart below tells the story with results at GCSE shown by locality for the last 6 years. ***Compared with last year, results were more even across the board and there was a very welcome improvement from schools in Oxford City which have been worryingly low for some time.*** Oxford's performance in achieving 5 GCSE's at grades A* to C just passed that in schools in Banbury and Abingdon. Scores ranged from 57% in the Banbury and 58% in Abingdon, to 69% in Wantage, and 70% in Didcot.



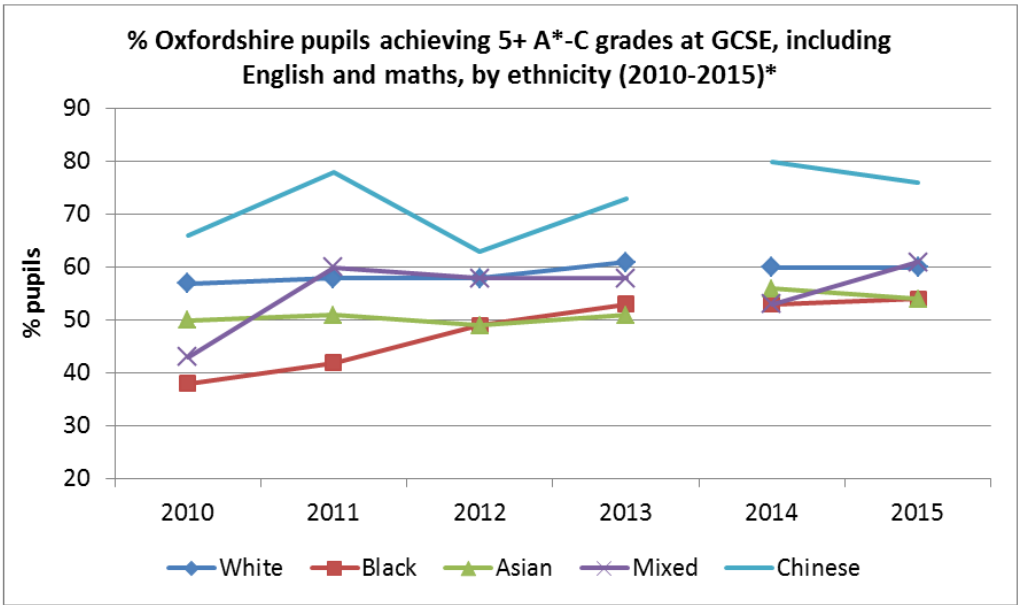
Source: Department for Education
**Before 2014 the measure was based on best entry; from 2014 it is based on first entry.*

GCSE results by ethnic minority
The chart below compares performance between the different ethnic groups in Oxfordshire. The results show:

- Chinese pupils continued to outperform those from other ethnicities.
- On average, GCSE attainment among pupils from White and Mixed ethnicities was similar to the Oxfordshire average.
- Attainment among pupils from other Asian and Black ethnicities was below the Oxfordshire average, but children from Black ethnic minority groups show gradual improvement.

We should interpret these figures with some caution due to the relatively small numbers of non-White pupils: this is likely to account for some of the fluctuation from year to year.

*



Source: Department for Education
**Before 2014 the measure was based on best entry; from 2014 it is based on first entry*
***NB vertical axis starts at 50 to aid legibility.*

Conclusions:

The overall standard of attainment in Oxfordshire's state schools is improving and inequalities are reducing.

The inequality gap between pupils from different ethnic groups is closing overall and this is to be welcomed.

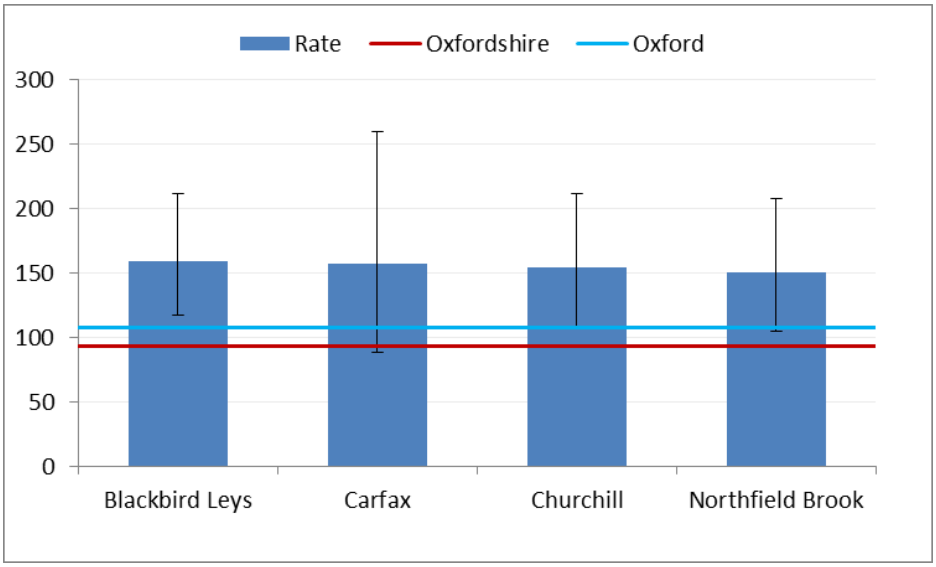
The performance of children receiving free school meals remains a matter of concern.

Deaths from Cancer by District and wards.

Looking at death rates gives us another insight into how disadvantage plays out in the County.

The chart below shows characteristic findings for Oxfordshire:

Oxfordshire wards with the highest cancer mortality (indirectly age-standardised ratios)



Source: Public Health England

The chart shows that:

- Disadvantage has very tangible results – in this case higher death rates from cancer in Oxford City than in the rest of the county.
- The bars on the chart show the death rates for the highest areas in the County. Death rates in the most disadvantaged wards are 50% higher than the County average.
- This pattern of the results of disadvantage is mirrored in many statistics about death and disease and underlines the reasons for tackling disadvantage head on.

Health and disadvantage among carers

The population's health and our services depend on carers. Being a carer can have its rewards, but it is also a significant disadvantage in terms of everyday freedoms and life choices as set out in previous annual reports.

From the 2011 census we already knew that:

- 61,000 people in Oxfordshire said they provided some level of **informal care** to a relative or friend.
- This is just over 9% of the County's population – slightly lower than the national average.
- The proportion of carers by District mirrors the age structure of each District – a higher proportion of older people means a higher proportion of carers.
- Figures for Districts are: Oxford City 8%, Cherwell 9% and 10% in West, South and Vale.
- 72% provided between 1 and 19 hours of care per week, and 18% provided more than 50 hours.
- Most carers are aged 50-64. In this age group 1 in 5 are carers.
- Females provide 58% of care and males 42%.
- 1,300 children aged 0-15 were carers.

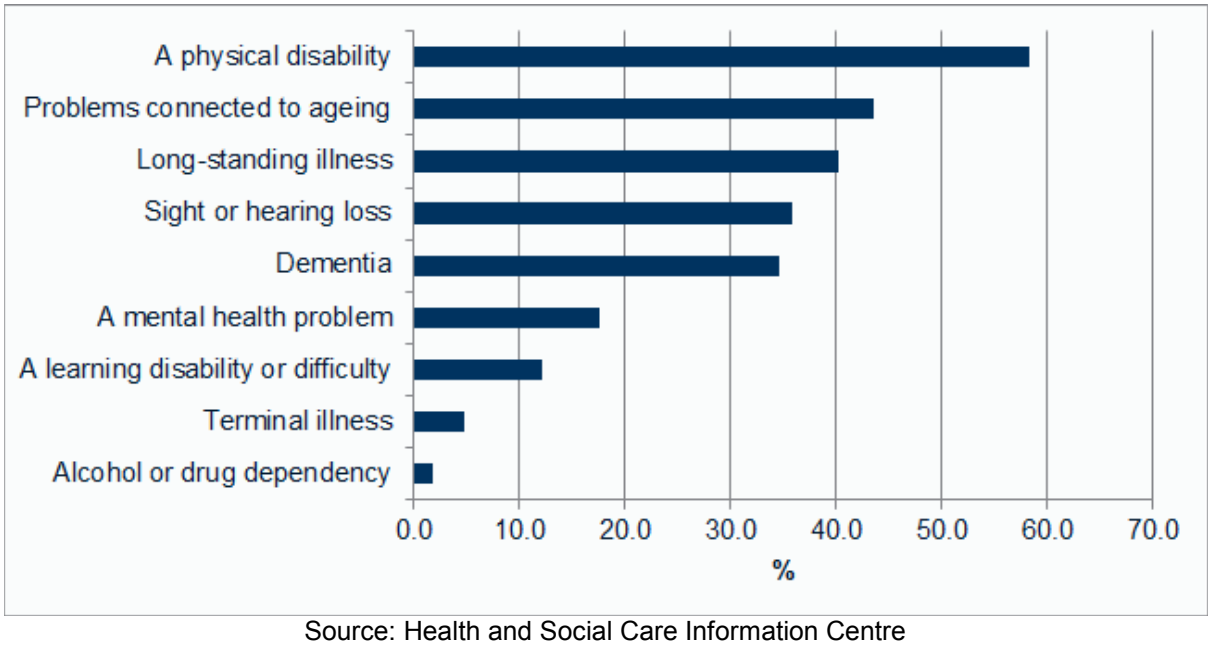
17,200 carers have had their needs assessed by Oxfordshire County Council's social care team during the year, some of whom will also have received a service from the council.

New data was produced as part of a national survey of carers giving a more accurate and up to date picture up to September 2015. The Personal Social Services Survey of Adult Carers in England is carried out every two years covering 18s and over, and it took place for the second time in 2014-15 and 715 carers in Oxfordshire responded. The results show that:

- About three quarters were living with the person they cared for.
- More than one in three had been caring for more than ten years.
- Slightly under half of respondents (44%) reported providing 100 or more hours of care per week.
- Nearly two thirds of the carers who responded (65%) were retired.
- 16% of respondents said they were not in employment *because of* their caring responsibilities.
- Only one in five respondents to the survey in Oxfordshire said they were able to spend their time as they wanted, doing things they value or enjoy.
- 14% said they didn't do anything they value or enjoy.
- Seven in ten respondents said they did not have as much control over their daily life as they want.
- 15% said they had little social contact and felt isolated.
- Most respondents said they had found it easy to find information and advice about support, services and benefits. Nearly 90% had found the information and advice they had received helpful.
- More than three quarters of carers who had received support or services from Social Services said they were satisfied with what they had received. A little under half said they were very or extremely satisfied. These satisfaction levels were broadly similar to regional and national averages.
- These findings overall are broadly in line with the national picture.

For over half of the carers in Oxfordshire who responded to the survey, the person they cared for had a physical disability. The full results are shown in the table below:

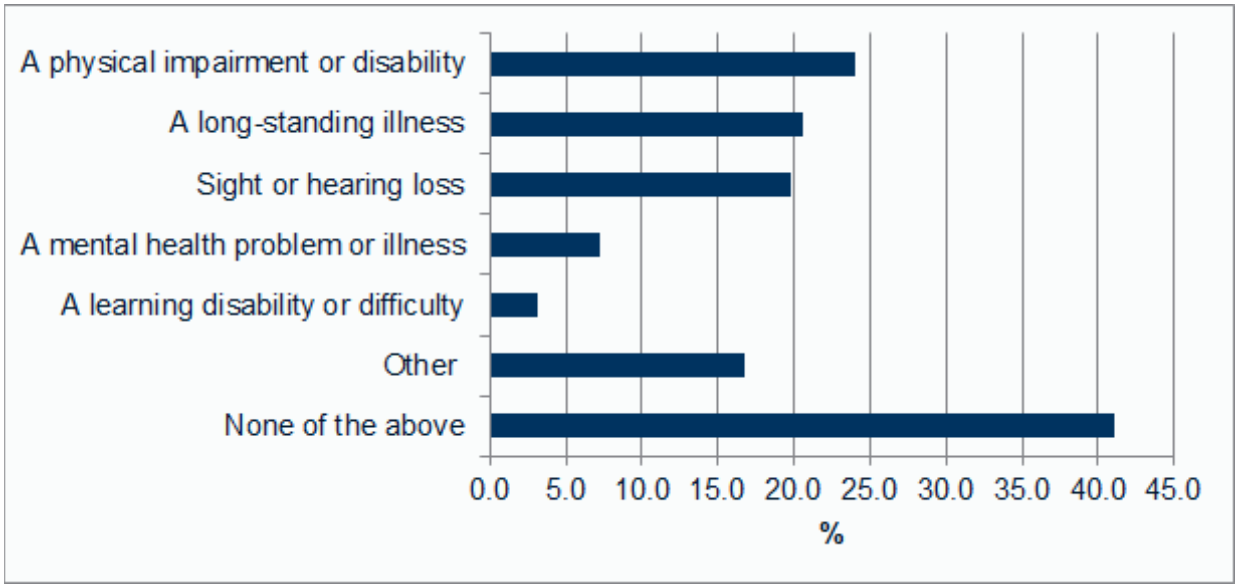
Carers in Oxfordshire, by health condition of the person they care for (2014/15)



Source: Health and Social Care Information Centre

Over half of the carers surveyed reported having a health problem themselves, commonly a physical impairment or disability, a long standing illness, and/ or loss of sight or hearing. The full details are given below:

Health conditions of carers in Oxfordshire (2014/15)



Source: Health and Social Care Information Centre

Conclusion:

This new information highlights the crucial role played by carers.

It also shows the down-side of caring and the limitations it imposes on life choices.

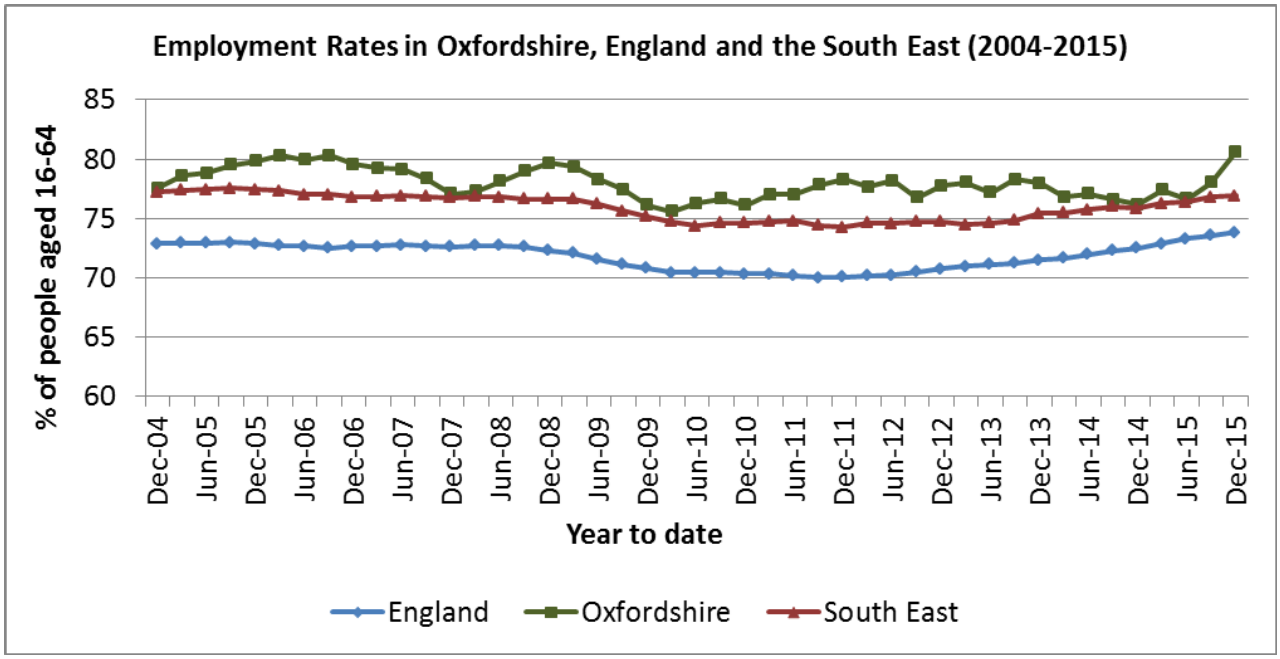
Our services perform well in terms of looking after carers and this is taken as a serious responsibility. We need to ensure that this position does not slip and that it is improved if possible – our carers and our services depend upon it.

A Good Year for Employment

Being in work is good for both physical and mental wellbeing and is crucial for the economy. During last year employment rates rose so that data for the 2015 calendar year show that in Oxfordshire:

81% of people aged 16-64 were in employment, numbering 342,000. Again, this was significantly higher than both the England average (74%) and the South East average (77%). The proportion of men aged 16-64 in employment (86%) was significantly higher than the proportion of women (75%). 70% of people aged 16-64 in Oxfordshire were working for an employer, whilst the remaining 10% were self-employed.

The chart below shows the picture.

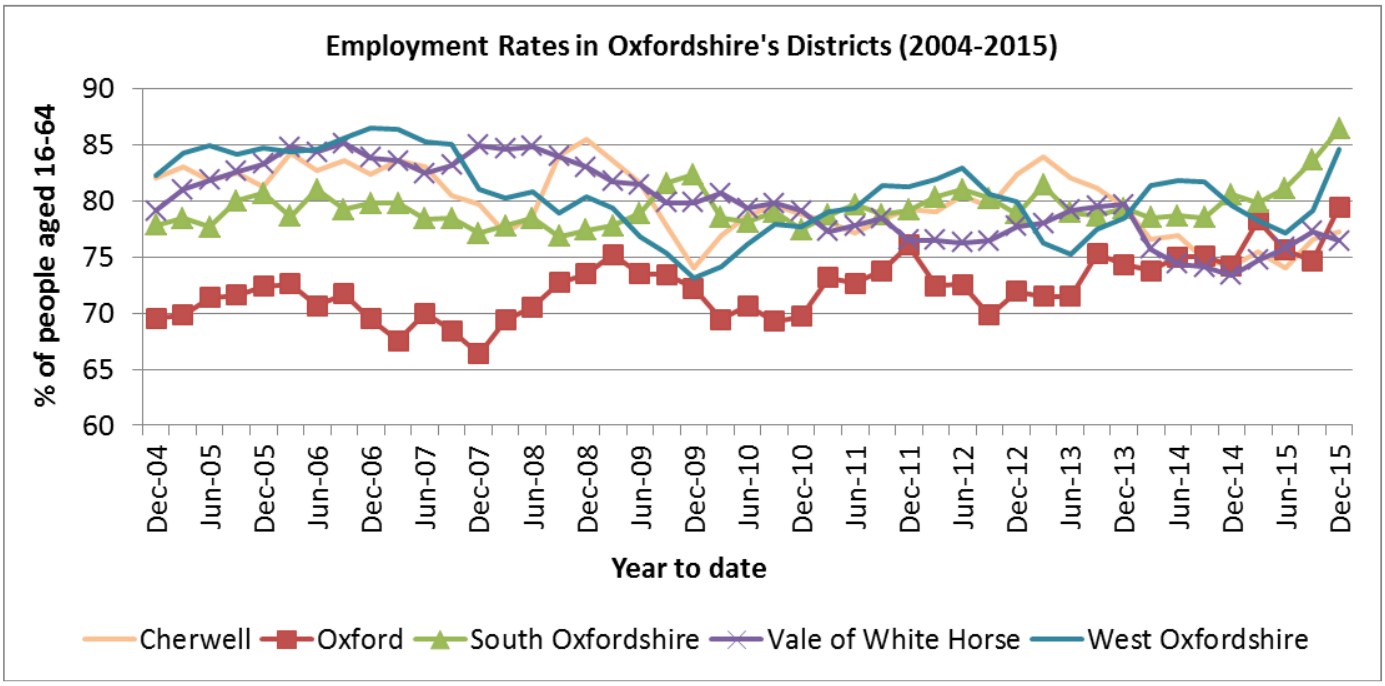


*Source: Annual Population Survey. *NB Vertical axis starts at 60 to aid legibility.*

Employment varies by District

- Employment rates in Districts have varied over the last 10 years with rates in the City gradually rising from 70% to 80%.
- In 2015 employment rates rose in all Districts, but rose more sharply in South Oxfordshire, West Oxfordshire and the City.
- **Overall, disadvantage due to lack of employment is reducing, and inequalities between Districts have reduced over the last 10 years.**
- **This is a good result.**

The chart below tells the story.



*Source: Annual Population Survey. *NB Vertical axis starts at 60 to aid legibility*

Unemployment rates fell slightly during 2015

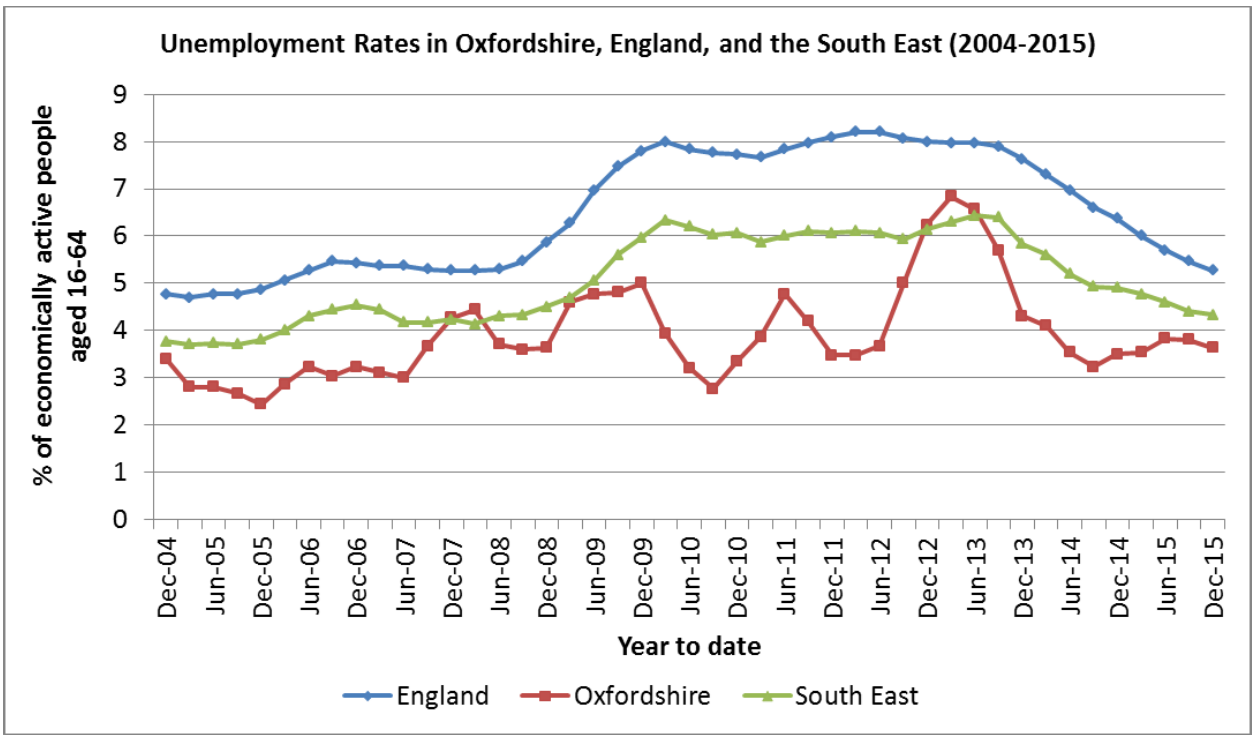
3.6% of economically active people aged 16-64 were unemployed, numbering 12,700 – a modest reduction over the year. This unemployment rate was significantly lower than the England average of around 5%.

As of March 2016, less than 1% of people aged 16-64 were claiming benefits due to unemployment. Claimants are more likely to be men than women.

These are good results.

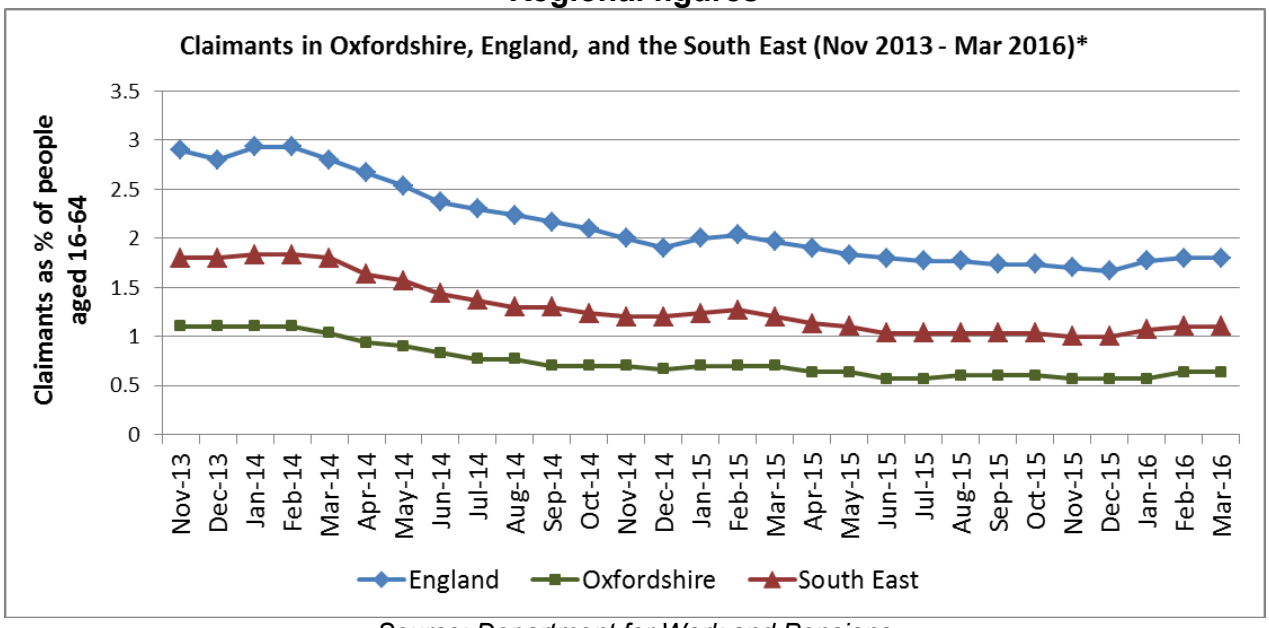
The charts below show the picture and illustrate that Oxfordshire performs better than national and regional figures.

Unemployment rates comparing Oxfordshire with national and regional figures



Source: Annual Population Survey

Unemployment Related Benefit Claimants comparing Oxfordshire with National and Regional figures



Source: Department for Work and Pensions

** This is part of an experimental statistics series running from November 2013, which includes data on all Job Seekers Allowance claimants and all out of work Universal Credit Claimants. Ideally only those Universal Credit claimants who are out of work and required to seek work should be included in the Claimant Count, but it is not currently possible to produce estimates on this basis. The Claimant Count therefore currently includes some out of work claimants of Universal Credit who are not required to look for work; for example, due to illness or disability.*

Breaking The Cycle Of Disadvantage Part III: A Basket of indicators for Disadvantaged Children

Given the proposed changes to children's services in the County, I am keen to monitor the trends in children's life chances using reliable indicators so that we can assess any overall future impact.

The dilemma here is that the data we can rely on tends to come at County level, or District level at best. It will be important to find ways to dig into this data in future years to look more closely at these issues more locally - this is work that the Children's Trust might take on. As we look more locally the numbers will be smaller and will tend to vary, so data from service performance and informed opinion will come into play too. That said, it is important to establish a good baseline now, and that is what I am trying to do here.

The point of setting a baseline now is to draw a line in the sand that can be used to see if things are getting better or worse in future reports.

The indicators I have chosen look at outcome measures that together try to give a picture of children's life-chances in Oxfordshire.

The indicators are:

1. Percentage of children (under 16 years) in Low-Income Families
2. Under 18 conception rate per 1,000 female population aged 15-17 years
3. Teenage mothers (ie teenage conceptions which do not result in termination)
4. Percentage of Infants aged 6-8 weeks who are being breastfed
5. Percentage of 2 year olds who have received one MMR vaccination
6. School Readiness: the percentage of children achieving a good level of development at the end of reception
7. Percentage of pupils achieving 5+ A*-C grades at GCSE, including English and Maths
8. 16-18 year olds not in education employment or training
9. Percentage of children in Reception Year (4-5 year olds) who are obese
10. Percentage of Year 6 children (10-11 years) who are obese
11. Households accepted as homeless
12. Households in temporary accommodation

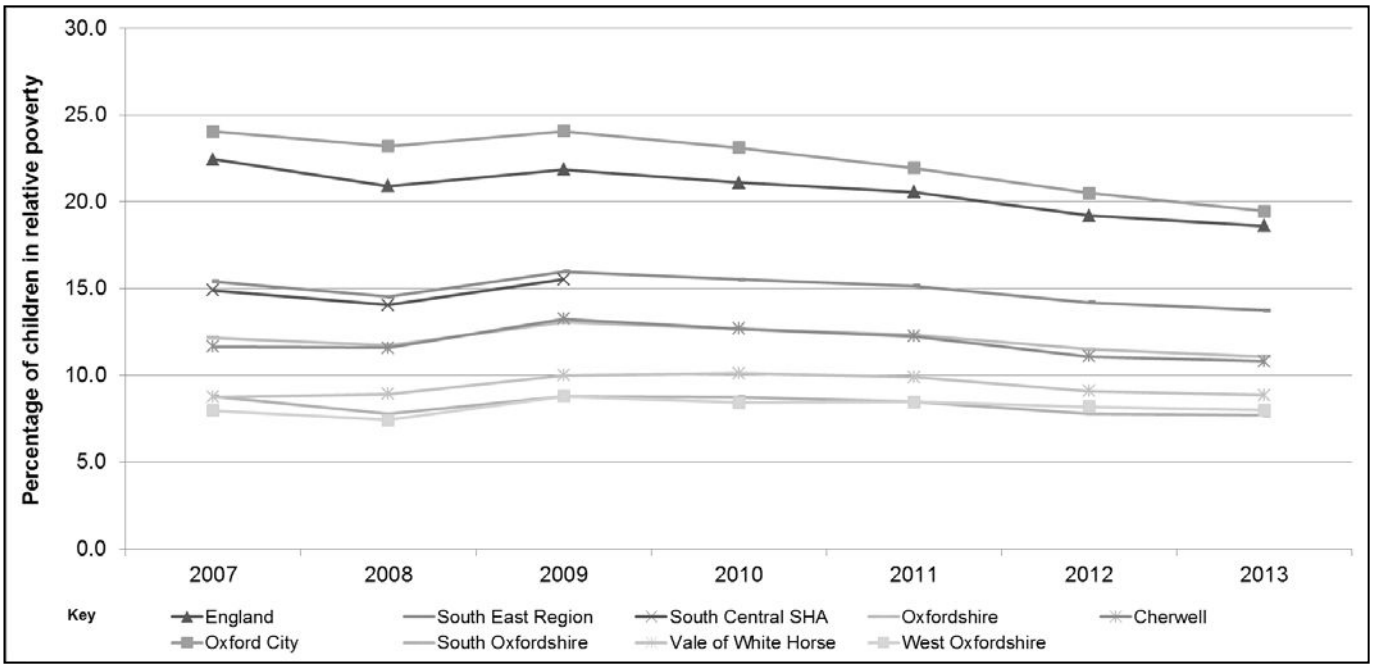
I will look at them one by one and pick out the key features.

Indicator 1. Child poverty

Features of the baseline data:

- The overall trend is downwards, in line with national trends.
- The County average is well below the national average.
- Only Oxford City has more children in poverty than the national average.
- Other Districts are well below the national average and are broadly comparable.

Percentage of children (under 16 years) in Low-Income Families Local Measure (2007 to 2013 - calendar years)



Source: Child Poverty Statistics (extracted from Public Health England; Public Health Outcomes Framework)

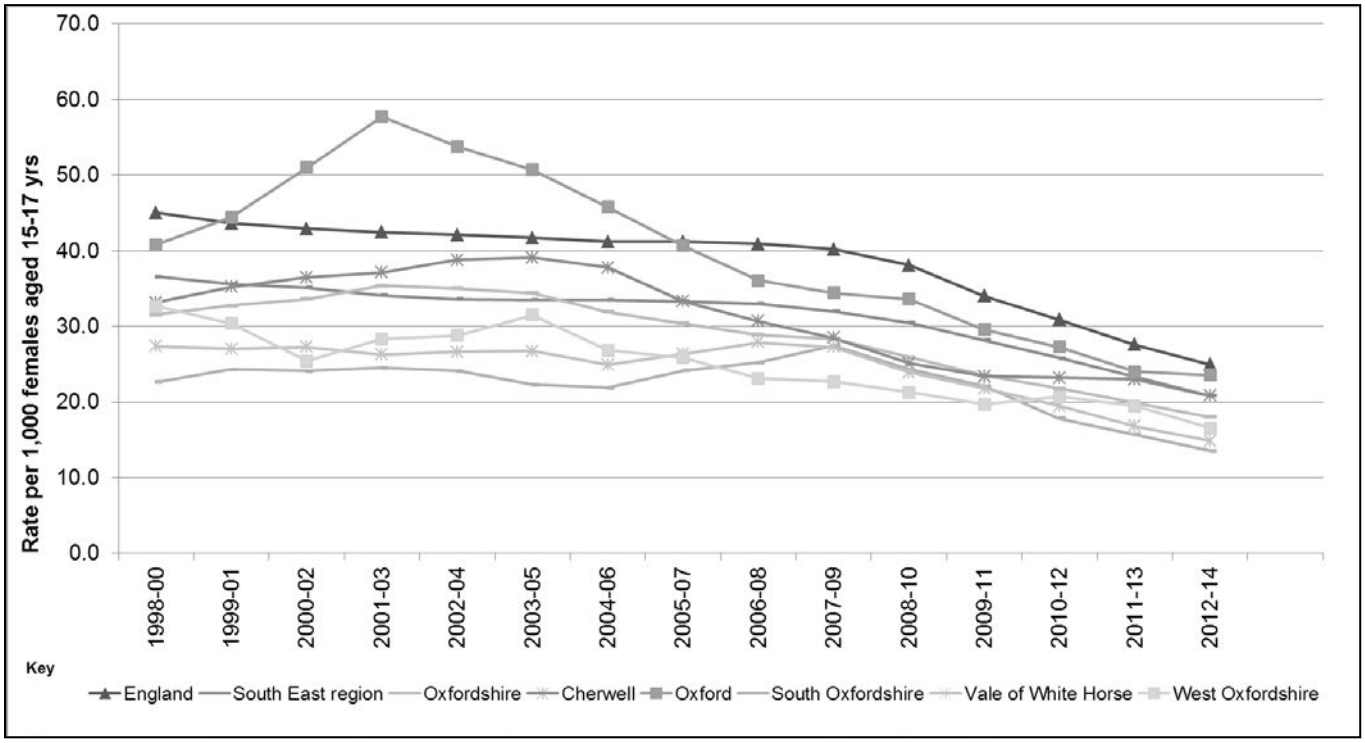
Indicator 2. Teenage Pregnancy

This measure includes all conceptions no matter whether the pregnancy ends in birth or in a termination.

Features of the baseline data:

- The overall trend is downwards in line with national trends.
- All Districts are below the national average.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998/2000 - 2012/14 (3-years combined)



Source: Office for National Statistics (ONS)

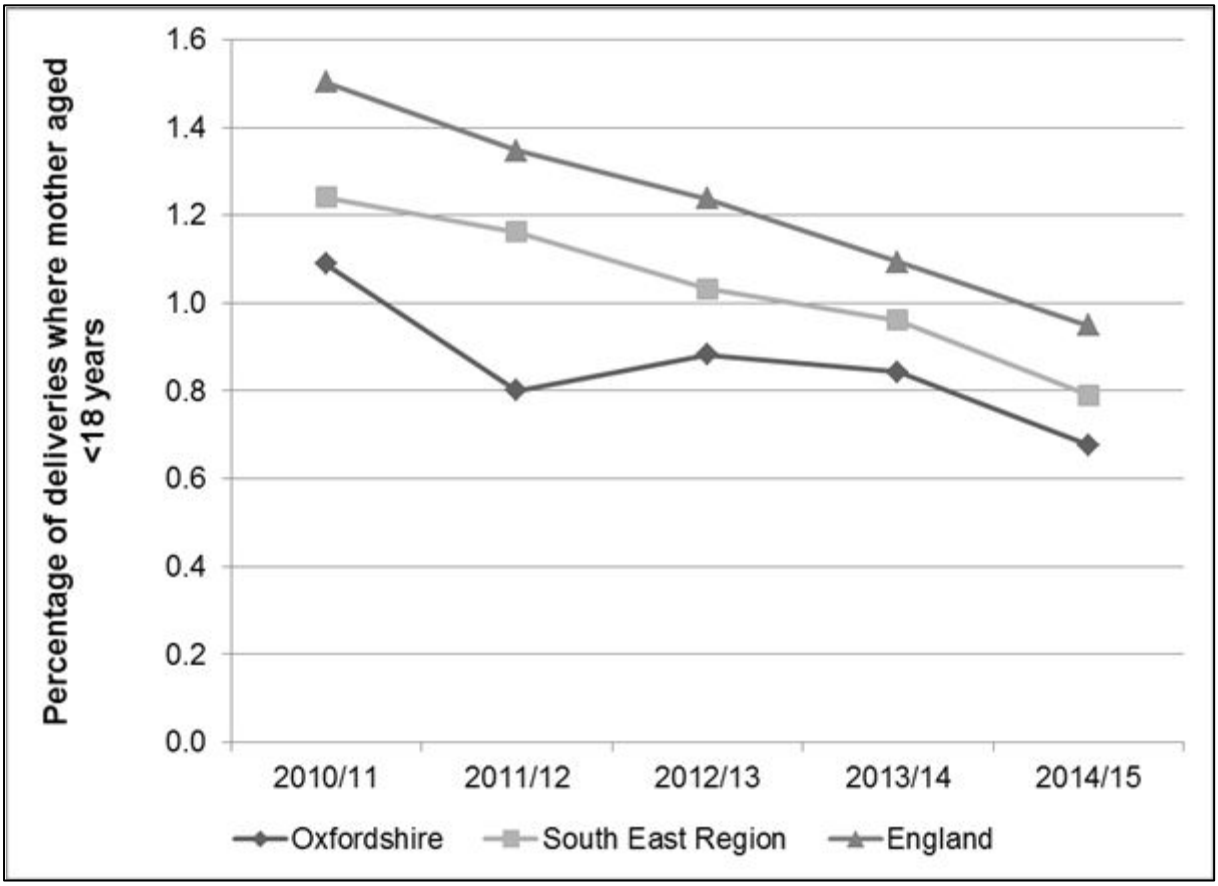
Indicator 3. Percentage of Teenage Mothers

This indicator measures the percentage of babies delivered where the mother was under 18.

It differs from teenage conceptions in that some teenage conceptions result in terminations. Because it is a percentage of all deliveries, it doesn't tell us as much as teenage conceptions per se. It also assumes that the number of deliveries to mothers aged over 18 stays fairly constant.

Features of the baseline data:

- The percentage of births to under 18s is very small – around 1 in 100 births nationally and around 0.7 per 100 births (7 per 1000) in Oxfordshire.
- The percentage is gradually reducing.
- Oxfordshire does better then then both regional and national figures.



Source: Children & Young People Benchmarking Tool (PHE)

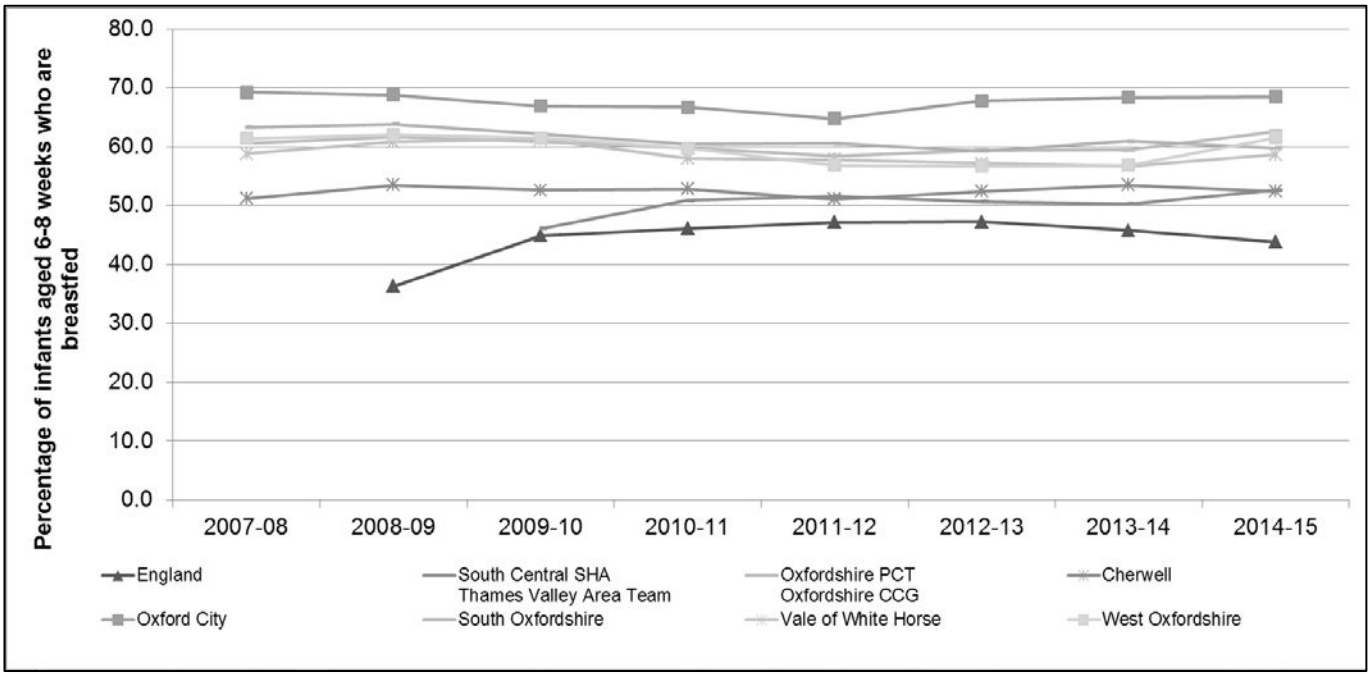
Indicator 4. Breastfeeding at 6 to 8 weeks

This is a good general measure of quality of care during pregnancy and it has a protective effect on the child. We should remember however that despite best efforts, some mothers cannot breastfeed.

Features of the baseline data:

- The County average of just over 60% is much higher than the national average of around 43%
- The City performs exceptionally well at almost 70%, however this is due to very high rates in North Oxford of around 80% which mask much lower rates in the more disadvantaged parts of Oxford.
- Cherwell has always lagged behind the rest of the County at just over 50% despite best efforts. The reasons for this are unclear.

Percentage of Infants aged 6-8 weeks who are being breastfed (totally or partially) - 2007/08 to 2014/15



Source: NHS England

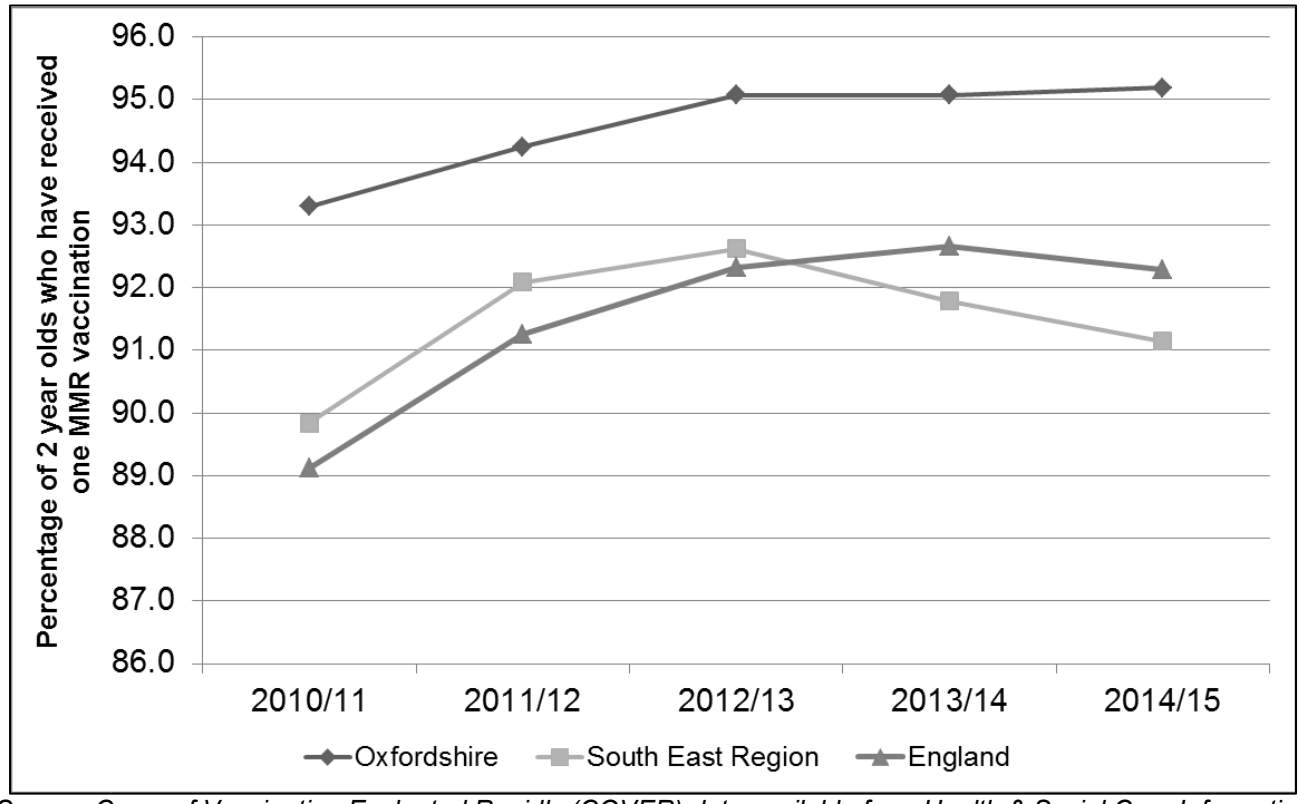
Indicator 5. Childhood Immunisation

This is a good general measure of the quality of general practice and the extent to which families cooperate to protect their children. There are many immunisation statistics – I have chosen immunisation for Measles Mumps and Rubella (called MMR) as it has a controversial past, and we have struggled to get the County average above the recommended 95%. This service is delivered by NHS England.

Features of the baseline data:

- The level of uptake is higher in Oxfordshire at around 95% than national and regional averages of 91% to 92%.
- The trend in Oxfordshire is rising slightly while it is falling slightly regionally and nationally.

Percentage of 2 year olds who have received one MMR vaccination



Source: Cover of Vaccination Evaluated Rapidly (COVER) data available from Health & Social Care Information Centre (HSCIC)

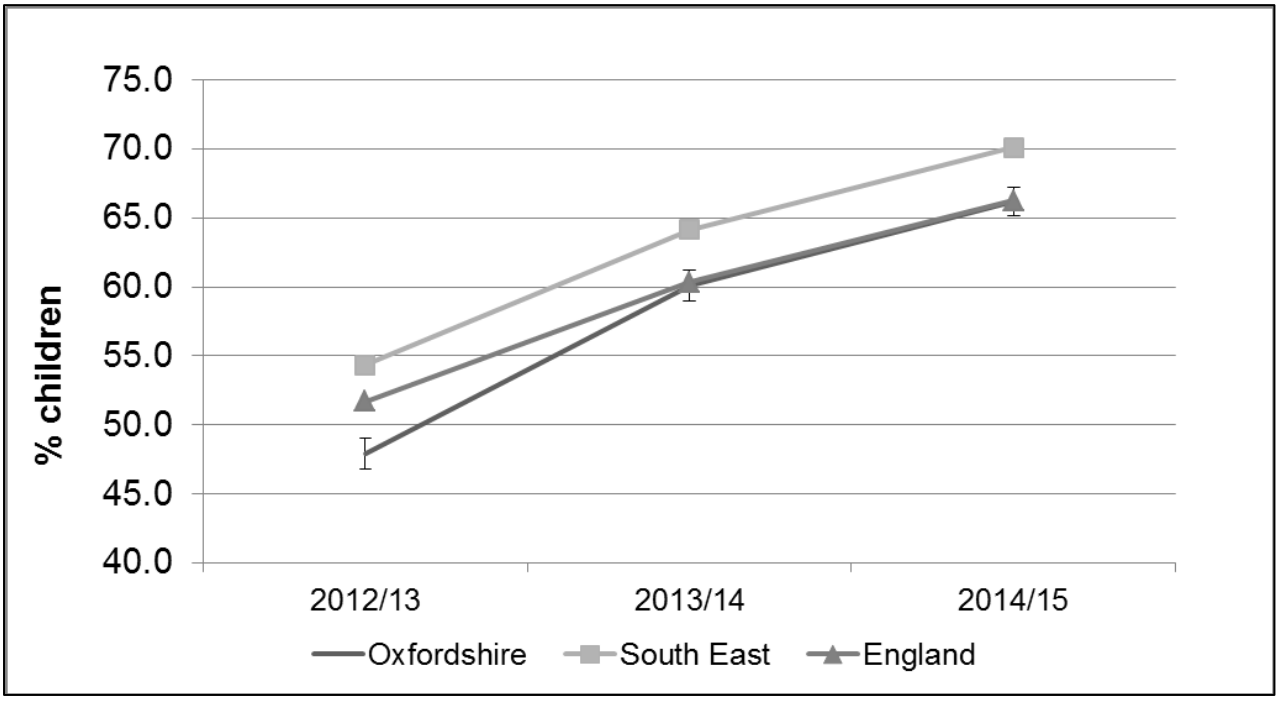
Indicator 6. School Readiness

This indicator measures school readiness at the end of reception year. It is a useful measure of future life chances of local children. The definition of school readiness is based on children reaching a sound level of development covering personal relationships, social relationships, emotional development, physical development and communication skills as well achieving learning goals in maths and literacy.

Features of the baseline data:

- Oxfordshire's figure is the same as the national average at around 66%.
- It is below the regional average and there is room for improvement.
- All national and local trends have been upward in the last few years.

School Readiness: the percentage of children achieving a good level of development at the end of reception



Indicator 7: GCSE results

This is an excellent indicator of school achievement overall in state schools. It points forward to children's overall 'success' in life. The chart for this is included earlier in this chapter.

Features of the baseline data:

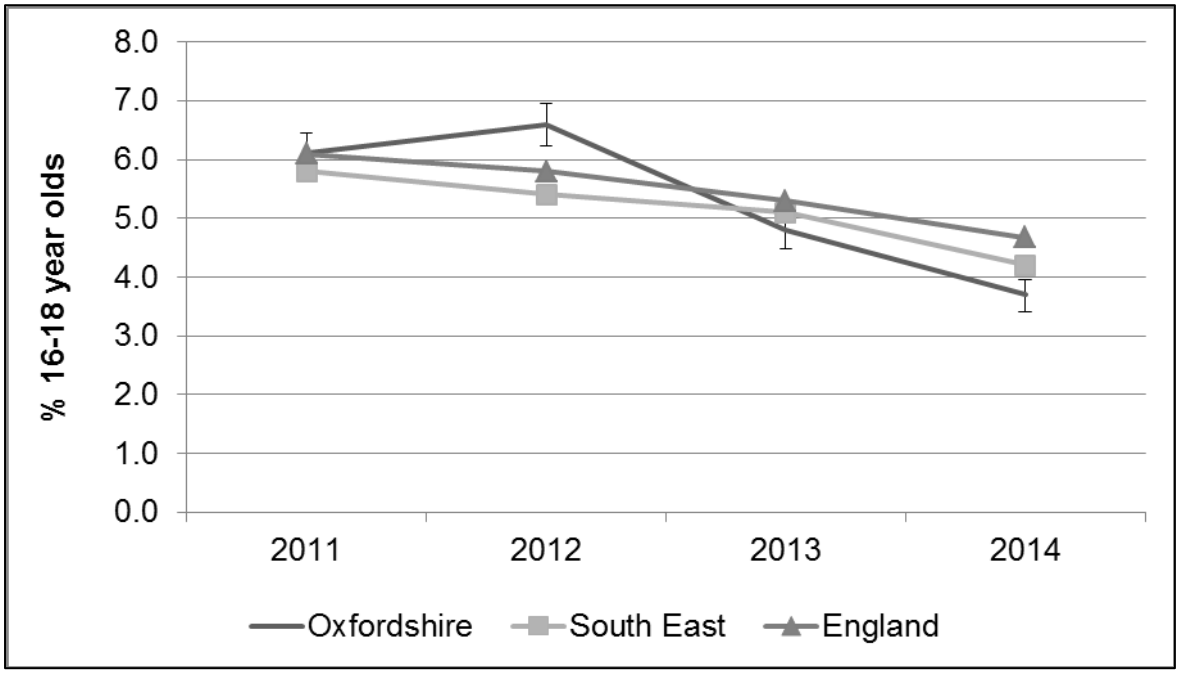
- Around 60% of Oxfordshire's state educated children achieve at least 5 GCSEs at grades A* to C including English and maths.
- This has been a success story in recent years. Oxfordshire used to lag below the national average and now we are around 3 percentage points above.
- This is a good result, but there is still room for improvement as we are 2 percentage points behind similar Local Authorities (our statistical neighbours).

Indicator 8. 16-18 year olds not in education employment or training

This is a direct measure of success in young peoples' achievement in higher education and training, which foreshadows their economic success and that of the County.

Features of the baseline data:

- Progressively fewer young people are not in higher education or training.
- Oxfordshire's figure is better than both the national and regional figures at just under 4%.
- This is a good result



Indicator 9. Obesity in children in reception year.

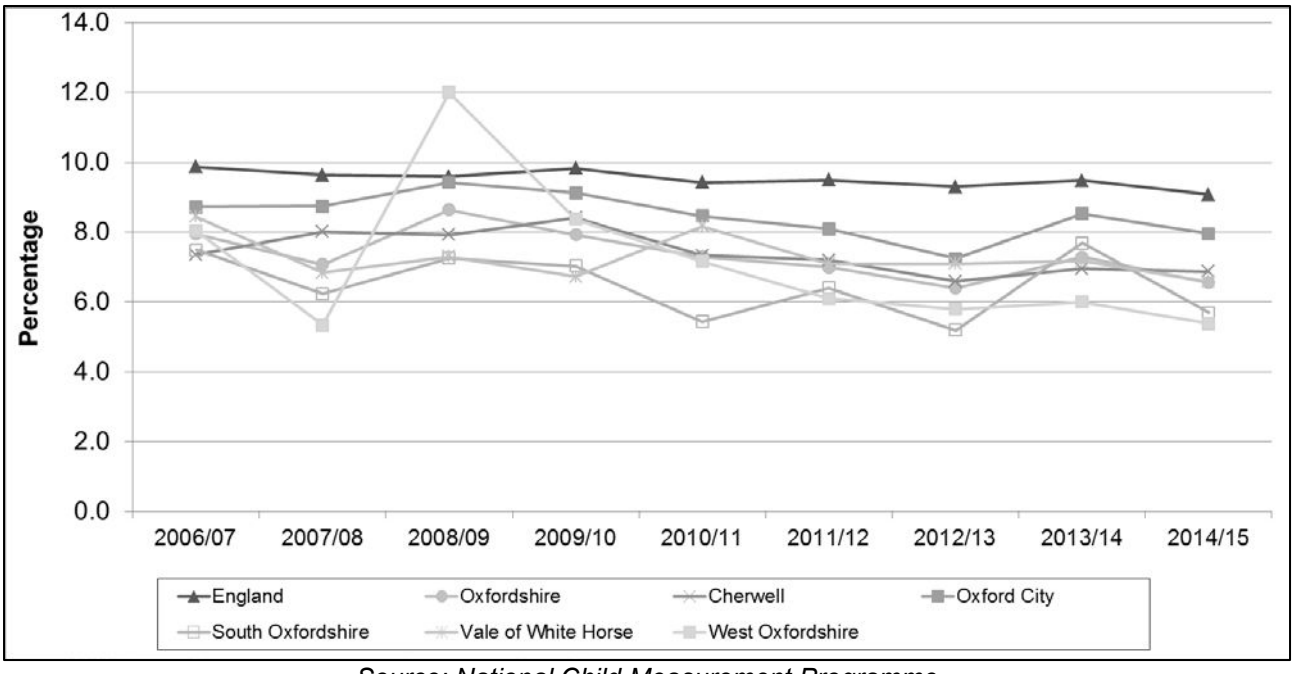
This is a useful indicator of children's life chances in terms of health. Obesity and overweight gradually increase with age which foreshadows the future likelihood of diseases such as diabetes, heart disease, some cancers and ultimately an early death. It is linked to levels of physical activity. Keeping this figure as low as possible is crucial for the health of the next generation.

There is more detailed information on obesity in the next chapter.

Features of the baseline data:

- Overall Oxfordshire does better than national figures by about 2 percentage points.
- Oxfordshire's current level of obesity in reception year is between 6% and 7%.
- However there are clear inequalities in this data, with Oxford City showing consistently higher levels than other Districts. The City's figure is around 8% - still better than the national average.
- The remaining District's figures fluctuate around the 6% mark.

Percentage of children in Reception Year (4/5 years) who are obese - 2006/07 to 2014/15 (Academic Years)



Source: National Child Measurement Programme

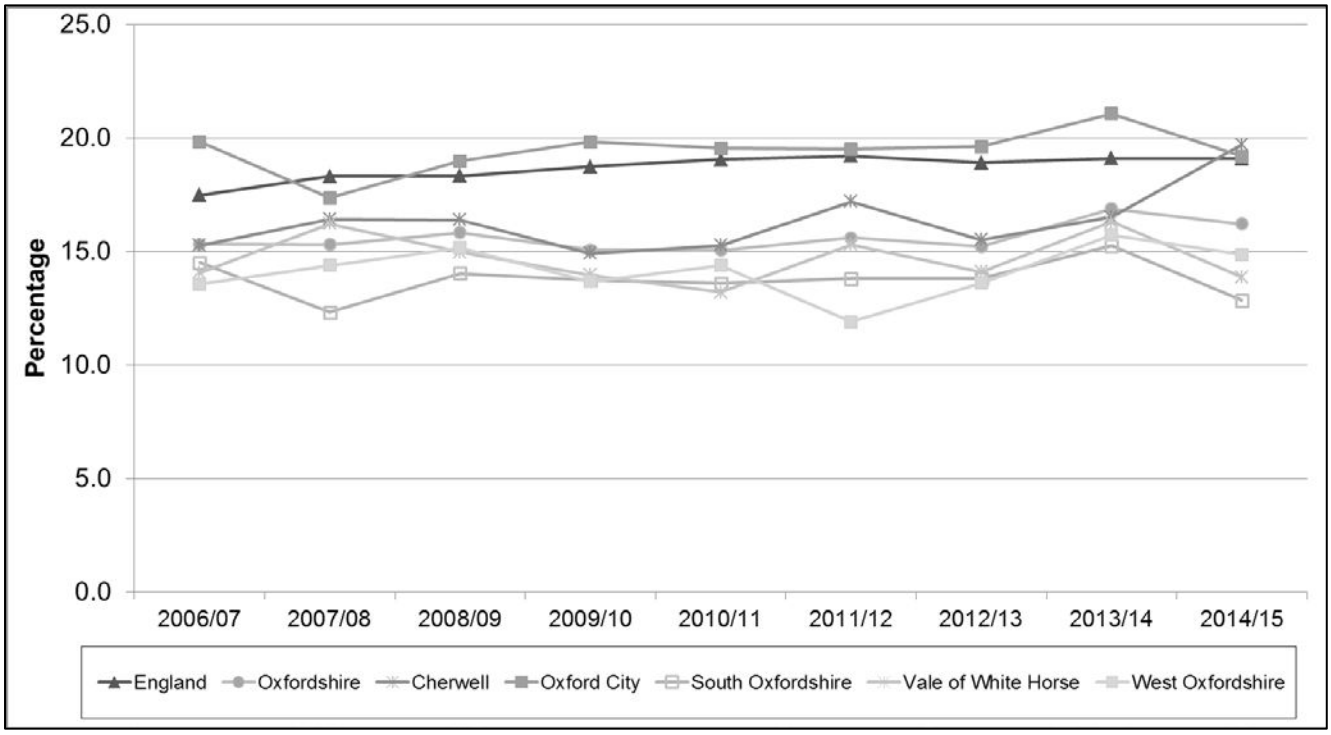
Indicator 10. Obesity in 10 to 11 year olds – (school year 6)

Seen alongside the data on obesity in reception year above, this figure tells the story of obesity and overweight in children as they grow older – gradually more slip from a healthy weight into overweight and obesity. This trend will tend to continue into adulthood and is the root cause of much later chronic disease. Obesity also magnifies the impact of all disabling conditions such as joint and mobility problems and so it also affects the need for social care.

Features of the baseline data:

- The County figure stands at around 16% having increased from 7% in reception year.
- The County figure is better than the England average by 2 percentage points.
- Until last year, the City's figure was the worst – just above the national average.
- Last year showed a sharp rise in the figure in Cherwell. It is too early to say if this is a 'real' change or a 'blip' in the statistics, but it is important and we need to keep a close watching brief.

Percentage of Year 6 children (10-11 years) who are obese: 2006/07 to 2013/14 (Academic Year)



Source: National Child Measurement Programme

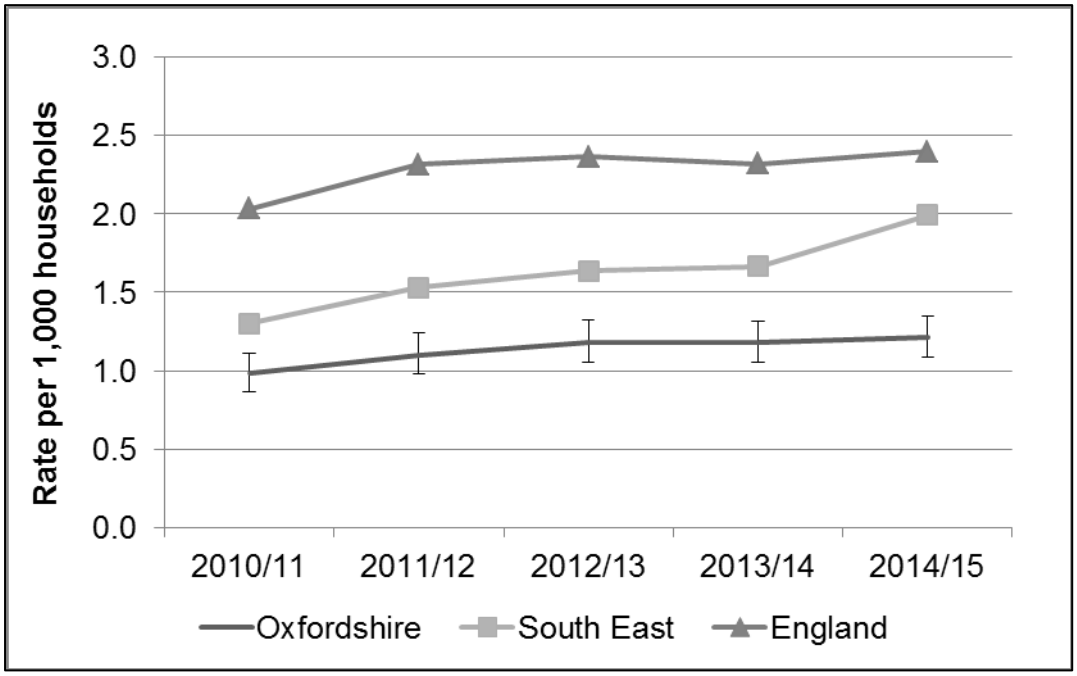
Indicator 11. Homeless Households

Being part of a homeless household has a serious impact on children and families. Young people who are homeless have markedly poorer life chances. This indicator gives us a general 'feel' for the trends in homelessness in the County.

Features of the baseline data:

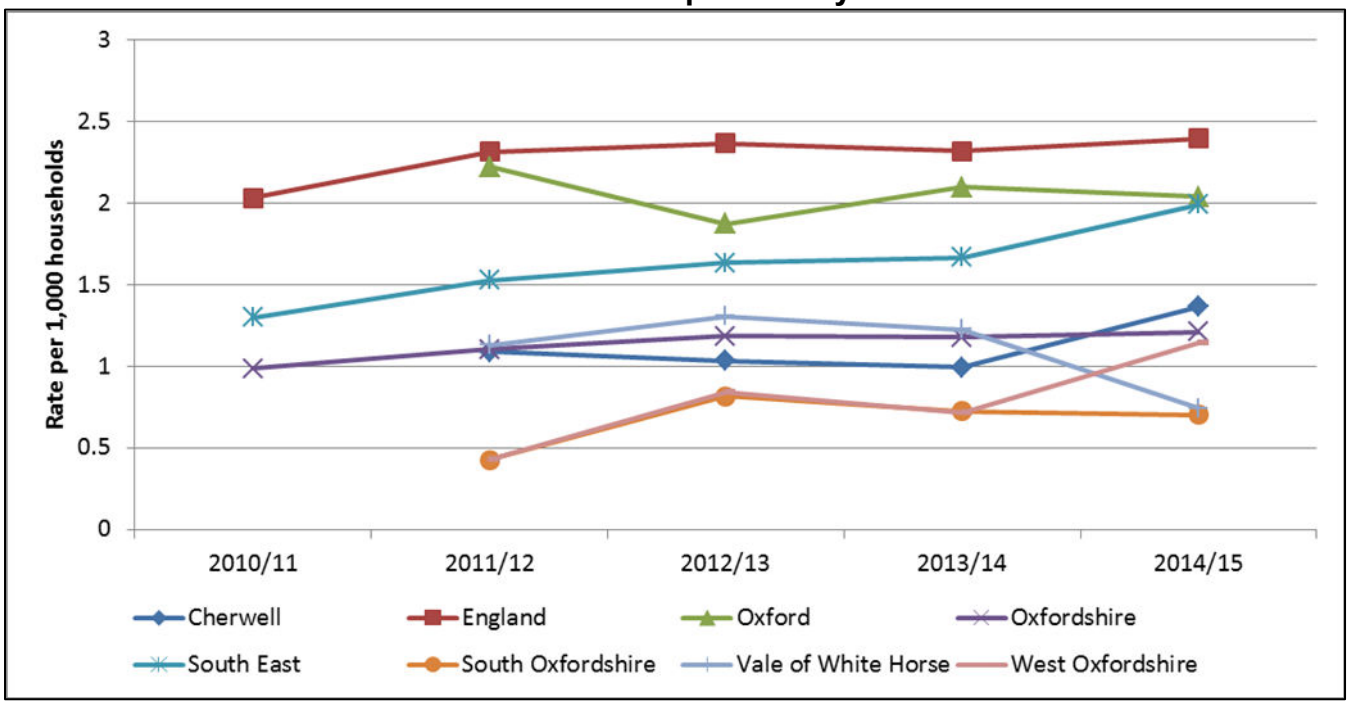
- The figure for Oxfordshire as a whole is low - just over 1 in a thousand households.
- Oxfordshire's figure outperforms national data which stands at just under 2.5 per thousand households.
- Oxfordshire performs better than similar local authorities.
- The general trend is rising slightly.

Homelessness acceptances per 1,000 households



The position on this indicator is not uniform across the county. For the sake of completeness, results for each district are shown below.

Homelessness acceptances by district



The chart shows that:

- The rate in all districts is lower than the England average.
- The City has had the highest rates for some years at around 2 homeless households per 1000 while the other districts cluster at one homeless household per 1000.

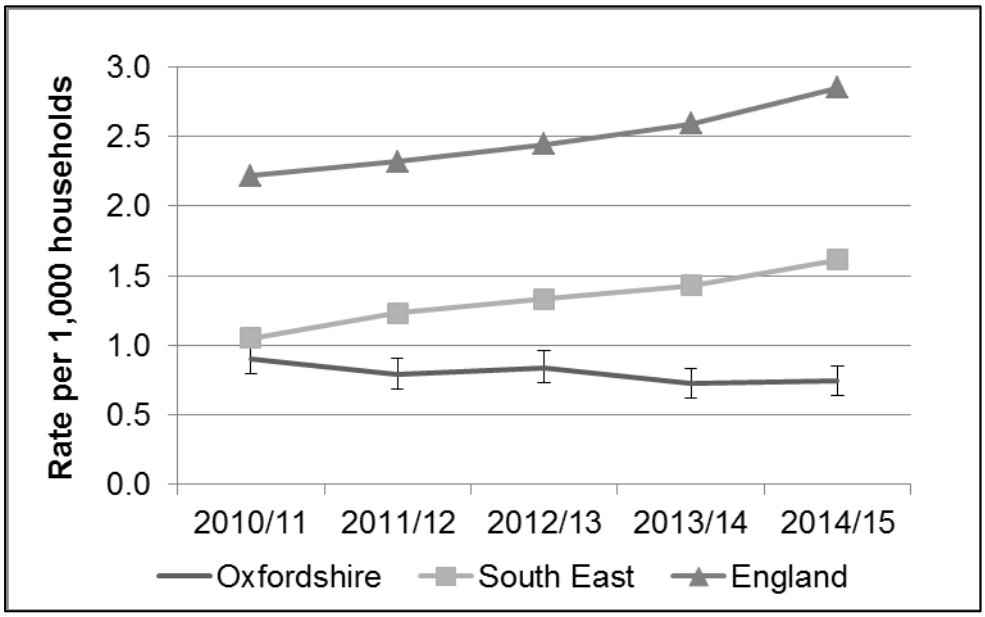
Indicator 12. Households in temporary accommodation

Homelessness is prevented in part by placing families in temporary accommodation. This is not a good option in terms of life-chances, but it much better than facing homelessness.

Trends in the baseline data:

- Oxfordshire's compares well with national figures and compares well with similar Local Authorities.
- Oxfordshire's figure stands at less than 1 per thousand households being placed in temporary accommodation and the rate is falling.
- This is in sharp contrast to the national figure which stands at almost 3 per thousand and is rising.

Households in temporary accommodation per 1,000 households



Breaking The Cycle Of Disadvantage: Summary and Recommendations

Summary

- Overall it has been a good year for reducing disadvantage.
- Progress has been made on last year's recommendations.
- School results are up.
- Employment is up.
- Child poverty and teenage pregnancy are down.
- In equalities in school results and employment have reduced.

However there are some early warning signs for women's health and childhood obesity levels are still too high despite comparing favourably with national figures.

It is vital that we maintain this momentum, particularly during times of change for children's services.

Establishing a basket of indicators for children is an important step forward – we now have a firm baseline against which to compare future developments.

We await the results of the Independent Commission on Health Inequalities so that we can add the Commissioners' insights to the overall picture.

The key to success remains:

Identify the Disadvantage
Put in place long term interventions to counteract it
Persist in this over decades
Monitor progress assiduously

We are making steady progress in Oxfordshire and it is vital that this is maintained in these times of change.

Recommendations

1. The report of the Commission for Health Inequalities should be studied carefully when it is published and all organisations should use it to challenge current practice and make appropriate changes to services.

2. Trends in disadvantage should continue to be monitored closely in Director of Public Health Annual Reports

3. The Children's Trust is requested to consider the basket of children's indicators proposed in this report and to drill down into indicators to uncover further inequalities at more local level using data from services.

4. The NHS's Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The NHS 'offer' should not be 'one size fits all'.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

Main Messages in this chapter

- **Obesity remains the biggest lifestyle challenge in Oxfordshire and preventing it is a key requirement for reducing disease levels and early deaths.**
- **NHS Health Checks continue to perform well.**
- **Solid progress has been made in tackling alcohol problems and in combatting poor oral health.**
- **There has been a sea-change in the way people quit smoking tobacco through the use of e-cigarettes.**

Obesity, Diet and Physical Activity

Why is obesity an issue?

Obesity is widespread, a quarter of children aged 2-10, and one third of 11-15 year olds and two thirds of adults are overweight or obese. This remains our greatest lifestyle challenge.

Overweight and obesity in adults is predicted to reach 70% by 2034.

This is a crucial issue because being overweight increases the risk of cardiovascular disease, diabetes and some cancers. It is also associated with poor mental health in adults, and stigma and bullying in childhood.

Obesity can cause:

- Heart disease, stroke and late-onset diabetes.
- Depression and anxiety, asthma, cancer, liver disease, reproductive complications, osteoarthritis and back pain.

There are also inequalities in levels of child obesity which was mentioned in chapter 3, with prevalence among children in the most deprived areas being higher than among children in the least deprived areas. If an individual is less well-off, he or she is more likely to be affected by obesity and its health and wellbeing consequences. The impact is uneven across ethnic groups – obesity is more prevalent among males in black ethnic minorities.

The consequences of obesity are costly to health and social care and have wider economic and societal impacts. The annual **cost** of obesity is estimated to be:

- £27bn to the economy through reduced productivity and increased sickness absence
- £6.1bn cost to NHS
- £352m cost to Social Care by way of additional disease, disability and mobility problems.

Obese people are over three times more likely to need social care than those who are a healthy weight.

Obesity reduces life expectancy by an average of 3 years whilst severe obesity reduces life expectancy by 8-10 years.

Where are we now?

Chapter 3 showed the local picture in children. The Oxfordshire picture is better than the national average and levels fell slightly last year. This is a good result but there is no cause for complacency.

We now have enough data about local children to show what happened between their being measured in reception year and again in year 6.

Children measured in Year 6 in 2014/15 are the same cohort as those who were measured in Reception Year in 2008/09. **The level of obesity for this cohort when in Reception Year in 2008/09 was 8.6% and is now 16.2% which clearly shows that obesity has doubled in this cohort of local children over a six year period as they have grown up.**

This indicates that we need to act to prevent obesity during pregnancy and in the very early years. Breast feeding is protective against obesity and makes an excellent start for children whose mothers are able to breastfeed.

The Adult obesity, Health Survey for England (HSE) 2014 showed that:

- 58% of women and 65% of men were overweight or obese. This is now the social norm.
- The prevalence of morbid obesity (the most severe category of obesity) has more than tripled since 1993, and reached 2% of men and 4% of women in 2014.
- Over three quarters of females aged 45+ were overweight or obese.
- Black women were considered to be most at risk of diabetes, with 60% having high risk, and a further 27% having increased risk.
- Amongst men, White groups had the highest mean BMI (27.4) and Asian groups the lowest (26.0).
- Amongst women, Black groups had the highest mean BMI (29.5) and Asian groups the lowest (26.2).
- For women, the prevalence of obesity increased with disadvantage, from 22% in the least disadvantaged areas, to 33% in the most disadvantaged areas. This relationship was not evident for men.

Obesity is everyone's business

Obesity is everyone's business and every organisation needs to play a role in tackling it. To help an individual stay slim requires multiple actions both locally and nationally with changes needed to food labelling, food marketing, and the design of local communities which encourage physical activity.

We have talked about the role of planning healthy communities in chapter 2. It is now time to look more closely at physical activity.

The Role of Physical Inactivity

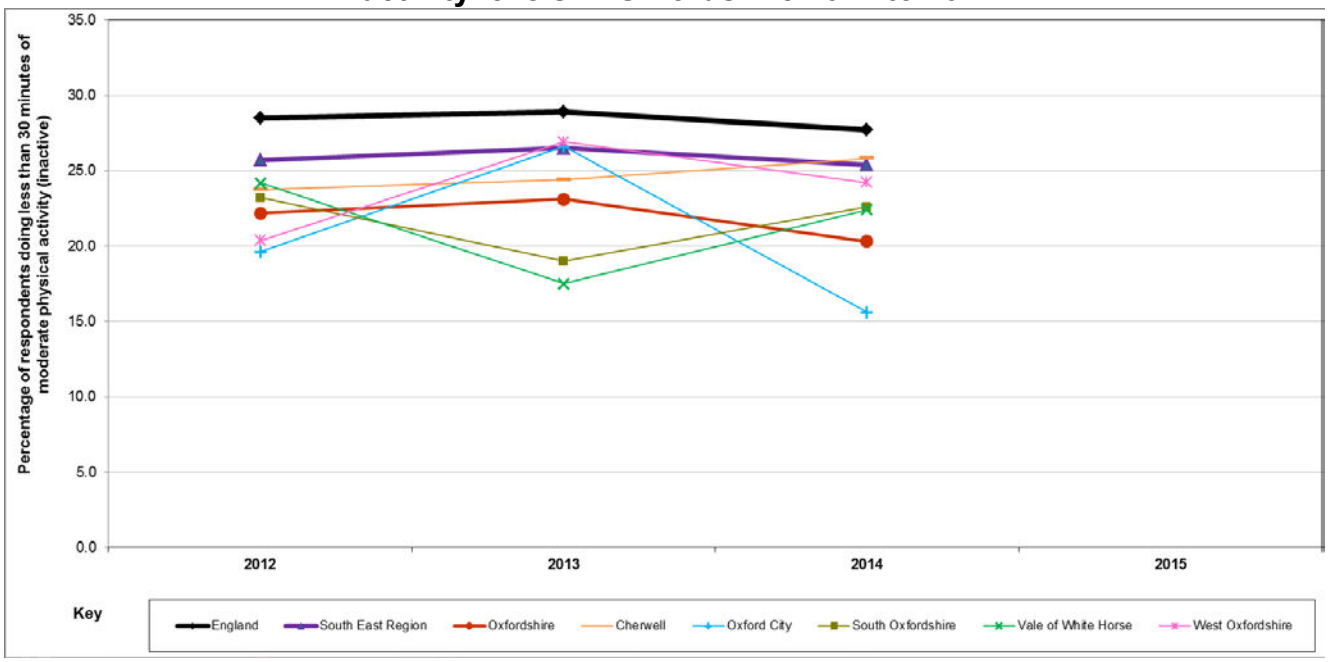
Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The health benefits of a **physically active lifestyle** are well documented and there is a large amount of evidence to suggest that regular activity is related to reduced incidence of many chronic conditions such as diabetes, osteoporosis, colon cancer, breast cancer. Physical activity also improves mental health.

Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss.

The chart below shows levels of inactivity across the County.

Inactivity levels in Oxfordshire 2012 to 2014



Source: Active People Survey, Sport England

It shows that in 2014, rates of inactivity in adults were better than for England, but still too high at around 20%. The England level is around 28% inactive.

Levels of physical activity levels amongst 5-15 year olds are falling. The proportion of boys who met the weekly physical activity guidelines fell from 28% in 2008, to just 21% in 2012. The proportion of girls who met the weekly physical activity guidelines fell from 19% in 2008 to 16% in 2012.

What did we say last year and what are we doing about it?

The Health Improvement Board is taking recommended action to review its physical activity strategy which brings together the action of District and County Councils, the NHS and other major partners. District Councils have a key role to play in their stewardship of green spaces and recreation facilities.

The Health Overview and Scrutiny Committee carried out a scrutiny of District council functions as recommended.

Less progress has been made by the NHS in improving the referral and treatment of physical disability. If we are to tackle obesity we need to see a real 'shift to prevention' and find new ways for clinicians, nurses and therapists to help people who are overweight more actively.

What should we do next?

The main challenge is to make work on prevention a mainstream activity in health services. There is an understandable tendency to concentrate on disease once it has happened rather than focus on preventive work from cradle to grave. It is hoped that the NHS's Sustainability and Transformation Plan will focus on preventative work over the next 5 years.

Recommendations regarding obesity, diet and physical activity

1. The prevention of obesity and its treatment should become a priority for the NHS and over the next 5 years actions should be put in place to train all health professionals to help in the fight against obesity. This should become part of the NHS's Sustainability and Transformation Plan.

2. The Health Improvement Board should continue to monitor partnership work on the prevention of obesity across the county.

NHS Health Checks

The NHS Health Check is a national cardiovascular risk assessment and prevention programme required by statute. It is delivered by local GPs and has been commissioned by the County Council since 2013**.**

NHS Health Checks specifically target the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years old are invited for a Check every five years (191,000 people), which means that 20% of this age group are invited per year so that every eligible person is invited at least once every five years. The age range is set nationally because it is the most cost-effective group in which to detect preventable cardiovascular disease.

In Oxfordshire, the Joint Health and Wellbeing Strategy set an aspirational target for 66% of those invited for NHS Health Checks to turn up for their Check. Nationally this same target has

now been set by Public Health England. We have not yet reached this target but we aspire to do so.

Last year in 2015/16 in Oxfordshire, GPs invited 38,293 people for a NHS Health Check and 19,212 people took up this invite and received a Check. The continued good performance of the NHS Health Check programme helped the Public Health Directorate achieve a quality premium payment from Public Health England.

Since the County Council took the responsibility for NHS Health Checks in 2013, 119,792 people have been offered a Check and 59,613 people have had a Check done. These Checks have helped the local health of the population by:

- **identifying 1,063 people who had high blood pressure and required an anti-hypertensive drug**
- **discovering 2,957 people who were at high risk of cardiovascular disease and required a statin**
- **detecting 251 undiagnosed cases of diabetes and 27 cases of chronic kidney disease, allowing people to manage their condition sooner and prevent complications**
- **referring 479 people to local weight management programmes, with 8,100 obese patients receiving brief advice**
- **offering 20,249 people brief advice to take up more physical activity, with 4,640 signposted to local physical activity services**
- **generating 434 referrals to smoking cessation services, with 5,777 receiving brief advice**
- **providing 2,125 people with brief advice to reduce their alcohol intake**
- **helping to reduce the increasing health and social care costs related to long term ill-health and disability.**

What We Said Before and What We are Doing About It

Last year we said that we would continue to work with GPs to improve the uptake of the offer of a free NHS Health Check. The Public Health team continue to work with GPs to improve the quality of delivery of the programme; this work was recognised by Public Health England with a nomination for a national award.

This work has helped embed the NHS Health Check programme as a reliable method of promoting the health of the local population and engaging with people in the community to think about their own health.

The Oxfordshire Clinical Commissioning Group recognise the value of the NHS Health Check programme and are looking to incorporate the programme in their bid to be part of the second

wave of the National Diabetes Prevention programme in 2017. They have also chosen the NHS Health Check programme as an indicator for their quality premium submission with NHS England. **This is all good progress.**

We also said we would continue to market the NHS Health Check programme and raise awareness in the local community. This has been met with some success - in a recent survey the NHS Health Check programme was the most recognised programme of services advertised by the County Council.

In the last year we launched a NHS Health Check results booklet for every person who received a Check. This gave people who received a Check a record of their results with information about services and lifestyles to refer to at their leisure.

Recommendations for NHS Health Checks

The NHS Health Check programme continues to perform well and is well received by the public. However we cannot be complacent and must continue the efforts to improve this programme. This includes:

1. Continue to market the NHS Health Check programme in new and innovative ways to further raise awareness in the local community.
2. Continue to work with GPs to improve the uptake of the offer of a free NHS Health Check, including improving the invitation process.
3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.
4. Continue to work with partners to further improve the quality of the programme locally and add to the knowledge base supporting the programme nationally.

Smoking Tobacco

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementia, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

In Oxfordshire the prevalence of adult smokers has seen a continued decline in the past few years. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 14% which is better than the national prevalence (18%). **This is a good result.**

However we still cannot be complacent about smoking rates in the County. There still continues to be an inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities. Indeed in routine and manual workers the level of smoking is as high as 29% - double the County average. To meet this challenge, we need to target services at the groups who need help the most.

Regular smoking in young people in Oxfordshire has also seen a decline over the past years, which is positive. Current estimates are that 5.7% of 15 year olds are regular smokers; similar to the national average of 5.5%.

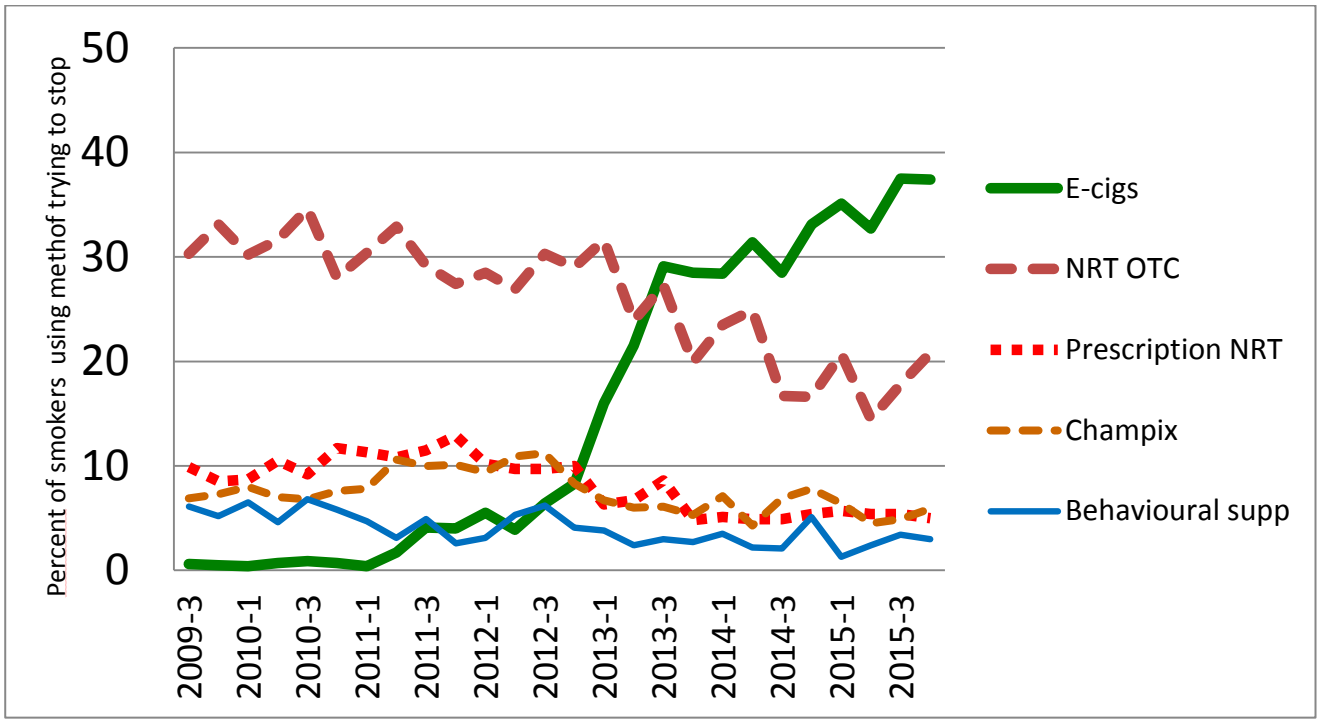
Stop Smoking Services
The decline in people accessing traditional stop smoking services seen in recent years continued last year both nationally and locally. The suggestion that the "easier quits" have already been made still holds true and that the challenge is to address the higher levels of smoking in more deprived and hard to reach groups.

The impact of the dramatic increase in use of e-cigarettes in the UK cannot be ignored as a significant contributor to the reduction in people accessing stop smoking services. E-cigarettes are now estimated to be the most common form of quitting aid in the country being used by nearly 40% of people attempting to quit using tobacco.

The use of e-cigarettes as a quit aid and the increasing usage has opened a debate in the public health community on a national and international scale. This has seen an increase in the perception in the wider population that e-cigarettes are as harmful to health as normal cigarettes which is not the case.

The chart below shows the dramatic rise in those using e-cigarettes as a means of quitting tobacco smoking as opposed to those helped by various nicotine replacement gums and patches.

Quit attempts by method of quitting



Different product types used by smokers in most recent quit attempt. In 11,000 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use.
Source: www.smokinginengland.Info/latest-statistics

With the increasing amount of conflicting information for and against e-cigarettes becoming available in the public arena there has naturally been confusion for the public and health professionals alike. In response, **Public Health England published an evidence update which concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. The report also concluded there is no**

evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers. This is further supported by a report from the Royal College of Physicians publish in April 2016 which states that e-cigarettes are an effective method for people wanting to quit tobacco and the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco.

How we should move forward?

- More staff in health care should become 'level 1 quit- advisors' to encourage smokers they encounter to quit smoking no matter what illness they come for help with.
- The Public Health team should continue to work with GPs to engage with their patients to quit smoking.
- All health professionals should target hard to reach groups to explain the dangers of smoking and how to get support to quit.
- We need to maintain a watching brief on the effects of e-cigarettes in line with national guidance from Public Health England.

Recommendations regarding smoking

1. The Health Improvement Board should continue to monitor activities of local smoking services and wider agencies to help people quit smoking and also not start in the first place.

2. The Clinical Commissioning Groups and GP practices should develop services to target hard to reach and priority groups and continue to deliver brief interventions to quit as part of routine consultations.

Alcohol

Alcohol remains a risk to health in our society. The impact can be summarised as follows:

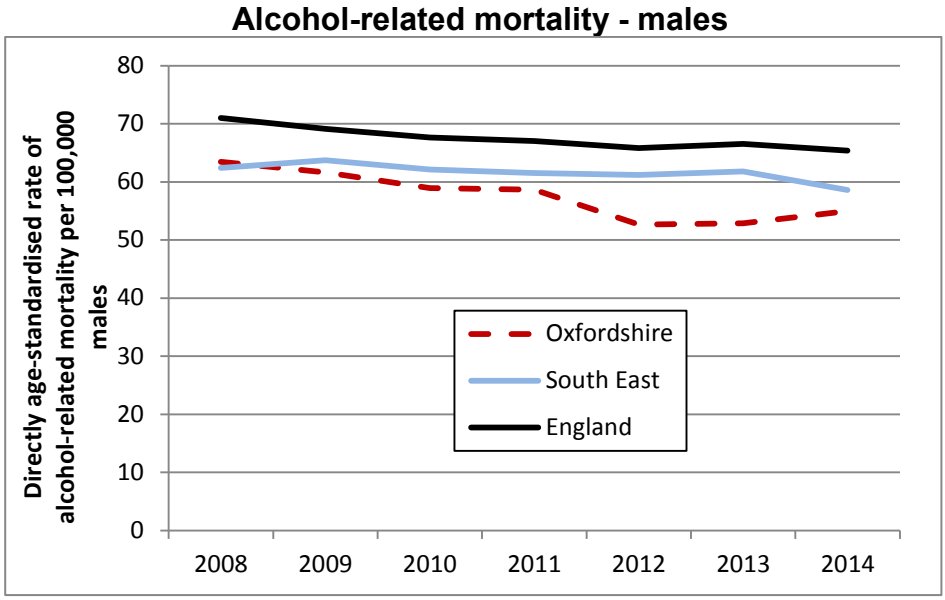
- In the UK there are around 1 million hospital admissions each year related to alcohol consumption.
- There are around 8,000 alcohol-related deaths in the UK each year.
- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.
- Males accounted for approximately 65% of all alcohol-related deaths in the UK.
- Alcohol now costs the NHS £3.5bn per year; equal to £120 for every tax payer.
- **The alcohol-related mortality rate of men in the most disadvantaged socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times higher. This is a serious inequality.**
- In England and Wales, 63% of all alcohol-related deaths in 2012 were caused by alcoholic liver disease.

- The number of older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 150% in the past ten years, while the figure for 15-59 years old has increased by 94%.
- There is no absolutely safe drinking level – the Chief Medical Officer has warned that any alcohol consumption increases the risk of cancer.

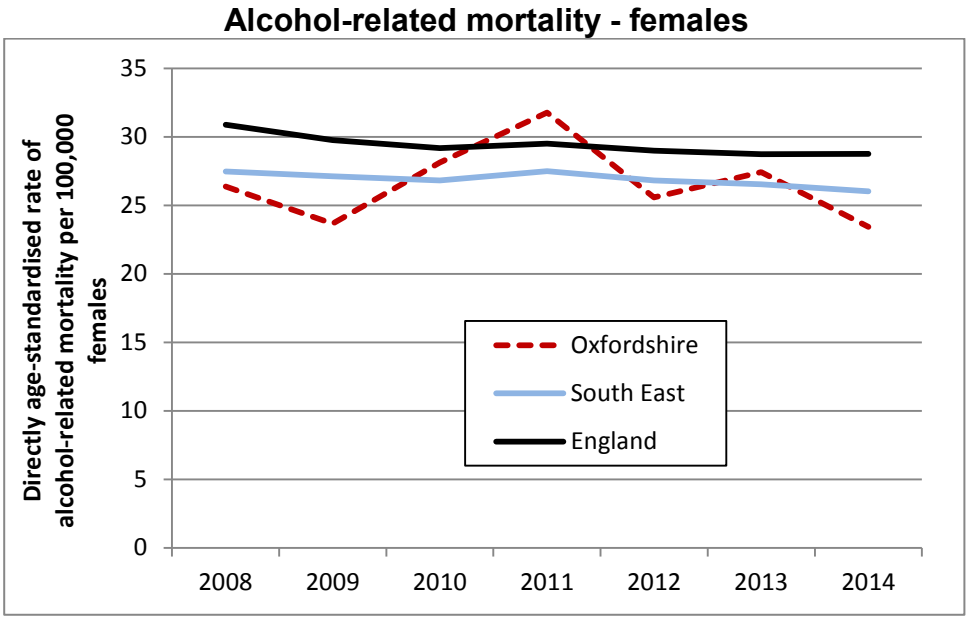
What has happened in the last year?

A review of the data presented in the Alcohol and Drugs Strategy has been carried out and the following conclusions have been drawn:

1. In 2014 there were an estimated 7,900 **deaths related to alcohol use** in England. The trends for both men and women are shown in the 2 charts below



Alcohol-related mortality (males and females) - Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population).

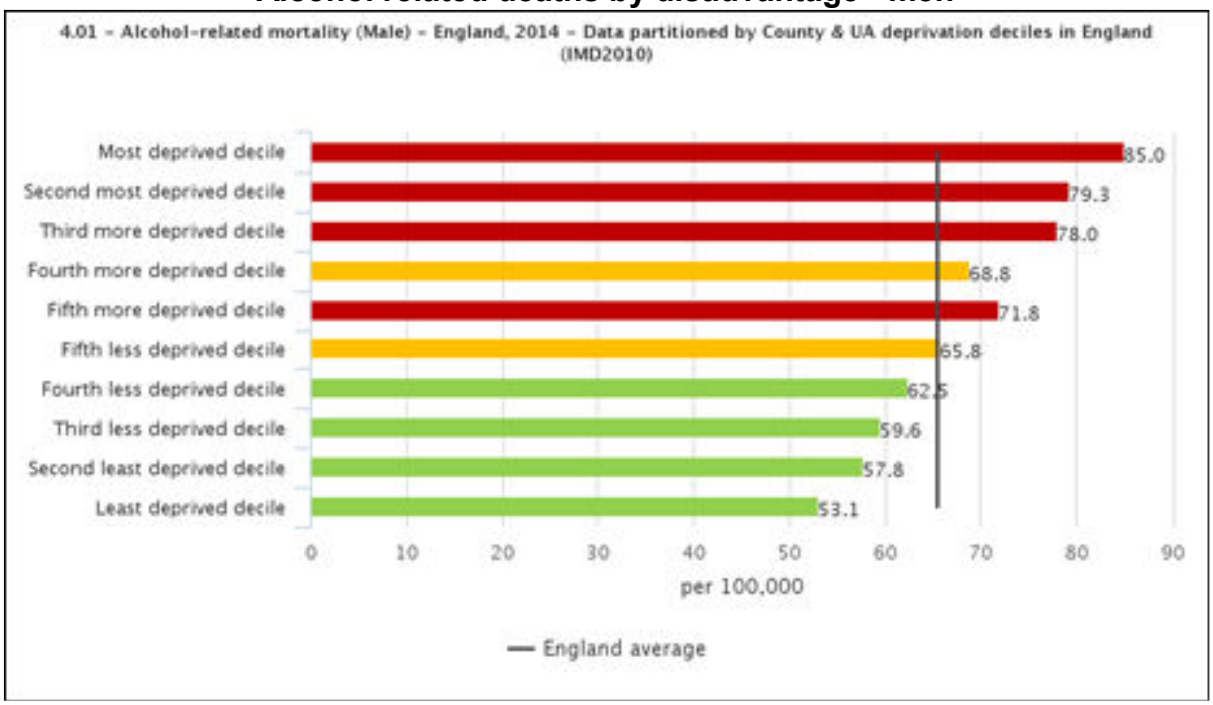


The charts show that:

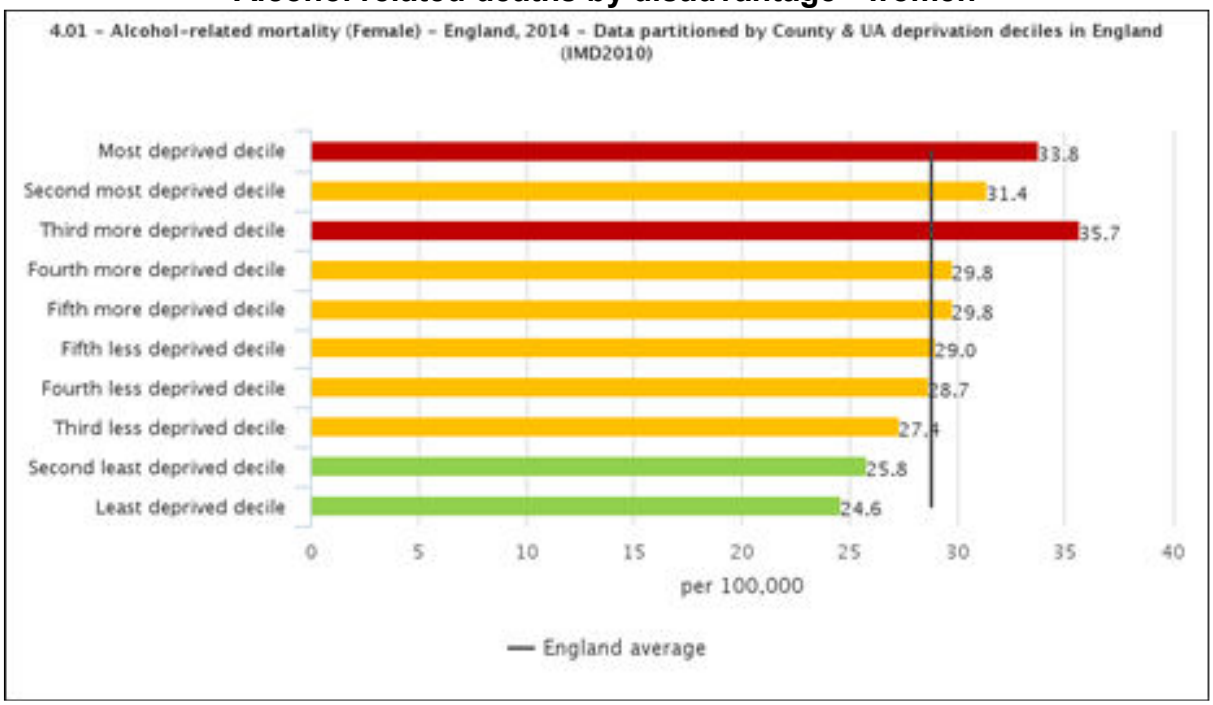
- Deaths related to alcohol are gradually falling across the board overall.
- Deaths in Oxfordshire are lower than national levels.
- Deaths in females are around half those of men.
- Male deaths in Oxfordshire rose slightly according to the latest figures and female deaths fell.

2. **Alcohol-related mortality by socio-economic class** is not analysed at a local level, but new figures have been published at national level. The charts below show the alcohol related deaths split for England by most/least disadvantaged groups. The chart for men shows a greater difference between the best and worst off than for women. The most disadvantaged tenth of the population are shown at the tops of the chart and the least disadvantaged at the bottom.

Alcohol related deaths by disadvantage - men



Alcohol related deaths by disadvantage - women

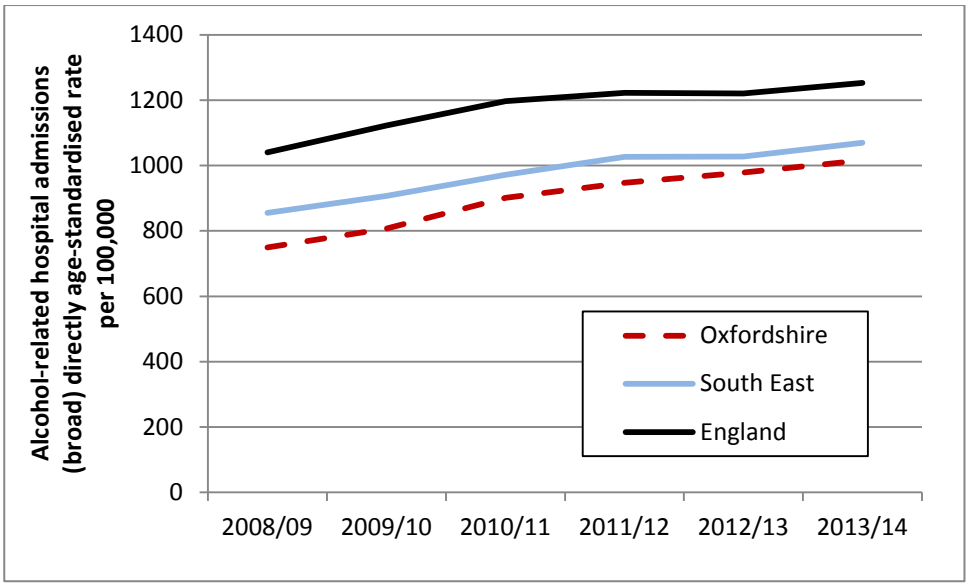


The charts show that:

- There is a strong inequality in deaths related to alcohol.
- In men death rates in the most disadvantaged 1/10 of the population reach 85 per 100,000 and in the least disadvantaged 53 per 100,000.
- In women, death rates in the most disadvantaged 1/10 of the population reach 34 per 100,000 and in the least disadvantaged 25 per 100,000.
- The pattern is stronger and the inequality greater in males than in females

3. Death rates may be gradually falling, but, In 2013/14 there was a continuing upward trend for **alcohol-related hospital admissions** in England. (almost a 4 % increase on the previous year) The annual increase was greater for women (+5%) than men (+3%) **and it remains the case that rate of admissions in the most disadvantaged is 77% higher than rate in least disadvantaged areas.**

Alcohol related hospital admissions



What Did We Say Last Year and What Have We Done About It?

The recommendation focussed on giving people information so that they could make their own decisions about their drinking (particularly about binge drinking) rather than nannying them.

A summary of the work of the Alcohol and Drugs Partnership summarises the actions taken:

- Provision of Identification and Brief Advice (IBA) training for front-line staff and professionals across Oxfordshire.
- The promotion of the Dry January campaign targeting middle aged women.
- A major Alcohol Conference for professionals with presentations from a wide range of specialists.
- Exploring test purchasing initiatives with Thames Valley Police to target excessive intoxication in the night time economy.
- Work with the local hospitals to improve referral pathways for young people into support services.

Achievements in 2015-16

a) Identification of people drinking at high levels and giving them 'Brief Advice'

Training in how to identify opportunities to talk to people about their drinking and offer relevant brief advice is an effective evidence-based intervention. This can be delivered by a range of professionals in the health service and other settings. Six training sessions were commissioned by the County Council's Public Health team in the last year. The training was offered in locations across the County and has been well attended by a range of professionals.

In addition a 'Train the Trainers' session was provided to Oxfordshire Fire and Rescue Service. This was a bespoke session combining 'giving brief advice' for alcohol and helping people to quit smoking. The session was also very well received.

b) An Alcohol Conference was held to get the facts more widely known

The County Council held a highly successful Alcohol conference in December 2015, with over 140 delegates attending. The day included a number of guest speakers, including a keynote address from Professor Kevin Fenton, the National Director for Health and Wellbeing at Public Health England.

Participants came from a wide range of Council departments, partner organisations and local services including Community and Residential Treatment Services, Housing services and services for the homeless, Oxford University Hospitals Trust, Oxford Health NHS Foundation Trust, Medical Centres and GP Surgeries, Pharmacies, Thames Valley Police, Oxford Brookes University, Community Dental Services, Public Health England, Mental Health services and charities, Oxfordshire Domestic Abuse Service, Oxford Jobcentre Plus and criminal justice services.

The conference was very well received with 90% of those who filled in the evaluation questionnaire stating that they found the event to be relevant to their learning needs, and 93% felt it increased their knowledge and understanding of alcohol use and the associated risks.

c) Alcohol workers in a hospital setting

Public Health commissioners are working in partnership with Oxfordshire Clinical Commissioning Group (OCCG) to boost hospital-based early intervention and advice.

d) Campaigns

The focus of the 'Dry January' campaign this year was on women, particularly those aged 35 and over and who may be drinking regularly at home. The campaign was conducted on social media, Healthy Oxon Facebook and Twitter channels and through radio. The campaign promoted the health benefits of taking part in Dry January and then continuing to have 2 alcohol free days a week. The campaign also promoted use of the DrinkAware App to record drinking, and sign up for Dry January to go 'booze free for 31 days'.

Recommendations

1. The NHS should use the Sustainability and Transformation Plan to embed brief advice for people with problem drinking into all consultations. This is a real opportunity to nip alcohol related diseases in the bud.

2. This should be backed up by staff training and support.

Oral Health

Tooth decay has been falling over the last half century, largely due to better brushing with fluoride toothpastes and more awareness of oral health in general. This is a welcome continued trend.

Since the NHS reorganisation, the responsibility for oral health is split 3 ways. The NHS has a responsibility for dentists and more specialised surgery, Public Health England provides dental public health advice while Local Government has an emphasis on prevention.

The picture in children

The latest available data from the 2015 oral health survey of five year old children shows that 77% of 5 year old children in Oxfordshire are now free from any dental decay which is higher than the national average of 75% and improved locally from 67% since the 2012 survey. Whilst this is encouraging there is room for improvement - the number of children who are decay free is significantly lower in Oxford than the other districts at 67%.

The major sources of the sugar which causes decay in children are found in soft drinks and cereals. The announcement of a levy on sugary drinks is a positive step in reducing sugar intake. However, locally we will need to continue to work to educate children and parents about the impact of diet choices on their teeth and wider health.

The picture in adults

Tooth decay has fallen in adults in England from 46% having active decay in 1998 to 28% in 2009. The main sources of sugar in adults' diets come from cereals, soft drinks, jams and sweets.

Older adults are now keeping their own teeth into old age as the norm. The proportion of 65 to 75 year olds with their own teeth increased from just 26% in 1979 to 84% in 2009 - a significant change. As the population ages it will be important that the NHS keeps pace with this changing need, particularly as the number of people needing more complex dental work rises steadily with age.

What did we say last year and what has been done?

Last year's recommendations focussed on the need to monitor closely a new oral health promotion service commissioned by the County Council which completed its first year of operation on 31st March 2016. This service has in collaboration with wider dental services aimed to prevent oral health problems in children and adults.

The new service has achieved the following:

- Setting up an accreditation scheme for pre-school settings for 26 locations to help young children with oral hygiene
- Training 40 school health nurses in oral health promotion to promote a 'whole-school' approach to oral health in education, such as through making plain drinking water freely available, providing a choice of food, drinks and snacks that are sugar-free or low in sugar and form part of a healthier diet (including those offered in vending machines), and displaying and promoting evidence-based, age-appropriate, oral health information for parents, carers and children, including details on how to access local dental services.
- Delivering 106 oral health promotion sessions and events in the community.
- Training 38 people who work with young children in oral health to better understand the causes of decay, how to look after your teeth and signposting to local dental services
- Training 117 people who work in the community with adults to promote oral health including understanding the causes of poor oral health in adults, how to maintain good oral health and how to access local dental services.
- Delivering oral health promotion in local workplaces including BMW, Siemens, The John Radcliffe Hospital and in Oxfordshire County Council
- Carrying out promotional events during National Smile Month and National Mouth Cancer Awareness Month.
- Establishing a lending service of health promotion resources for use by local services.

Recommendations for oral health

1. The NHS should ensure that improvements in access to NHS dentistry are maintained including complex care for older people.
2. Providers of care home facilities should be aware of maintaining good oral health in their clients which can significantly affect their quality of life. They should also ensure that their clients have access to dental services to help maintain a pain free mouth.
3. Work should continue with school health nurse and health visitor services to embed oral health promotion into children's health from 0-19, to give a healthier start to life.

Chapter 5: Mental Health

Main messages in this chapter:

- **The demand for young peoples' mental health services is rising.**
- **New services have been put in place and these need to be monitored carefully.**
- **Levels of self-harm in young people appear to be rising and require careful monitoring.**
- **Mental health conditions should not be seen as distinct from physical conditions.**

This year I want to report on two aspect of mental health I have not reported on before that are a cause for concern. These are:

Mental Health in Young People and Self Harm.

I will discuss each in turn.

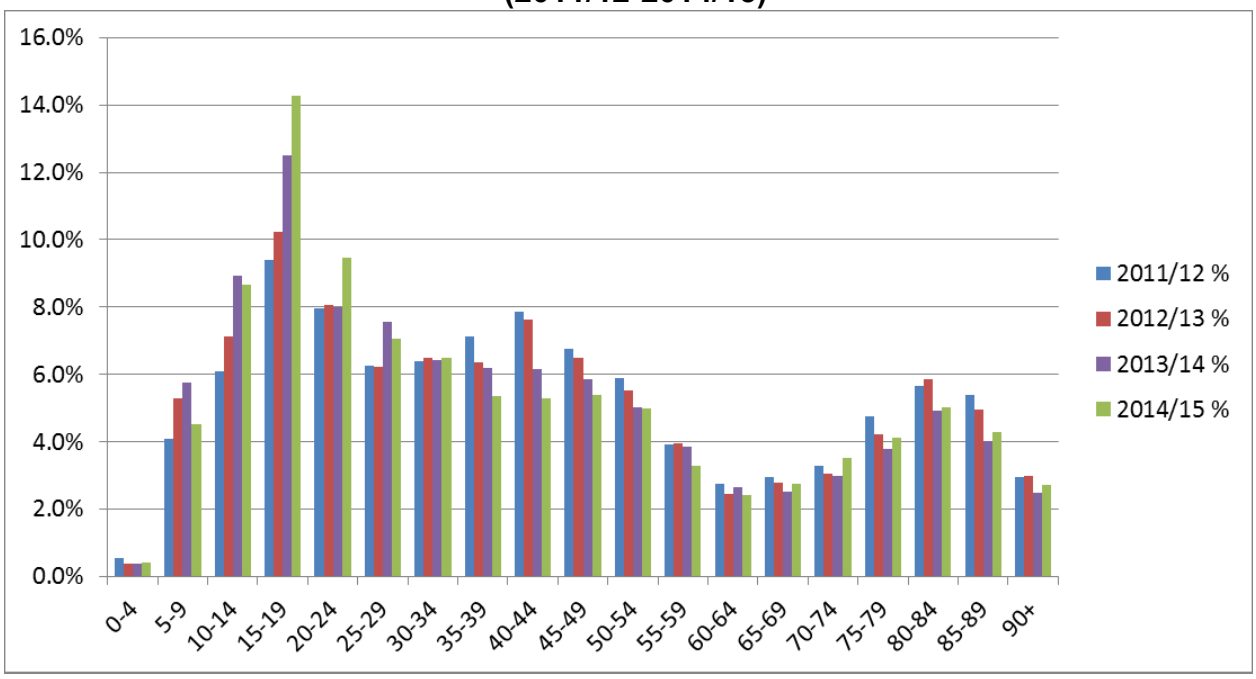
Children and Young People's Mental Health

The chart below records the number of mental health referrals by age group to our local services, and two facts leap out:

1) The highest number of referrals is in teenagers

2) The number is steadily growing, particularly for young people aged 15 to 19.

Oxford Health mental health referrals for Oxfordshire residents, % in each age band (2011/12-2014/15)



Why should this be?

The first question to answer is:

What are emotional disorders in children and young people and why are referrals for treatment going up?

This is not an easy subject. Emotional disorders in adults are difficult enough to define and count. In children the situation is more difficult because:

- Childhood and adolescence covers a wide range of different stages that can't be grouped easily.
- Disorders and treatments vary greatly with age. The whole topic is tangled up with the overall development of the individual.
- Mental health problems don't always express themselves in the same way as in mature adults. Underlying problems can show themselves through changes in behaviour, changes in mood or changes in activity level – or mixtures of them all.
- To some extent, society creates and modifies the categories of what is deemed be a disease and these vary over time.
- What may have been dismissed as poor or unusual behaviour in the past is now recognised as an emotional disorder.

To some extent the rise in referrals is a positive development – we want to encourage young people to come forward to talk about problems at an early stage as this gives better outcomes in the long term.

In her 2013 Annual Report the Chief Medical Officer concluded that there was in fact an increase in emotional problems in young people. The possible reasons are unclear, and may or may not be connected to the new pressures young people face as they are the products of a digital world. New stresses may be present in social media, such as cyber-bullying. Also the digital world is 24/7 – there is no respite unless it is self-imposed.

What is the local picture?

Teenagers' mental wellbeing

The recent 'What About YOUth' survey found that a majority of children aged 15 in England reported having high or very high life satisfaction. On average, boys reported higher life satisfaction than girls. Young people from Black and Minority Ethnic (BME) backgrounds reported lower levels of life satisfaction than those from a White background. Poorer life satisfaction was also seen among young people who were living in more disadvantaged areas, who were in worse health, or who had experienced bullying.

The same study showed that mental wellbeing among children aged 15 in England was better among those who were:

- living in less deprived areas
- had a more positive perception of their body-image
- had high life satisfaction
- were in better health
- consumed more fruit and vegetables
- exercised more

What builds psychological resilience in Children and Young People?

The Chief Medical officer quotes the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

- Positive relationships with caring adults
- Effective caregiving and parenting
- Intelligence and problem-solving skills
- Self-regulation skills
- Perceived efficacy and control
- Achievement / motivation
- Positive friends or romantic partners
- Faith, hope, spirituality
- Beliefs that life has meaning
- Effective teachers and schools

In contrast, when these factors are deficient, the individual's resilience is likely to be lowered.

Mental health problems in Children and Young People

1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder; that is around three in every class at school or 8,000 children across Oxfordshire. According to national prevalence rates about half of these (5.8%) have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) and Attention Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16-24 age groups.

Most serious and enduring mental health problems emerge during this time, and if detected and treated early, outcomes are improved. There is evidence that dealing with anxiety and depression effectively the first time it occurs in young people, helps to prevent recurrence and the likelihood of them suffering mental health problems in later life.

The most disadvantaged communities have the poorest mental and physical health and wellbeing. **Children from the poorest 20% of households have a three-fold greater risk of mental health problems than children from the wealthiest 20%.** Parental unemployment is also associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood.

Looked After Children (LAC) experience significantly worse mental health than their peers, and a high proportion experience poor health, educational and social outcomes after leaving care. It is estimated that between 45 and 60% of Looked After Children aged 5 to 17 have mental health difficulties: over four times higher than the average.

Approximately 40% of young people who have a learning disability may also have a mental health disorder. The mean percentage of disabled children in English local authorities has been estimated to be between 3% and 5.4%. If applied to the population of Oxfordshire this would equate to between 3,946 and 7,102 children experiencing some form of disability.

Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems, and to become involved in offending.

What is the local picture and what are we doing about it?

Children and young people's mental health services have been under pressure for some time. Local services work with around 3,500 young people at any one time, with more than 5000 referrals every year, the majority of whom are aged 10-15 years old.

Analysis of the data is hampered by the lack of standardised reporting systems, and so performance cannot be readily compare from place to place.

The CQC rated local services as good, but they were nonetheless creaking as evidenced by increases in waiting times – and so a review was undertaken in 2015 which made a range of recommendations, the thrust of which was:

- To involve young people in service design.
- To reduce waiting times.
- To use online and self-help tools.
- To catch disease earlier in a school setting, teaming mental health support workers with our school health nurses.
- To train frontline services to identify symptoms and provide direct help or make more accurate referrals.
- To improve the service offer to Looked After Children and 'children on the edge of care'.

What progress has it made and is it working?

The new service has now been launched. It is too early to judge whether it has improved matters. This is more difficult to judge than normal, because we aren't trying to reduce referrals per se, we are trying to help more young people in more effective ways using new technology and through strengthened partnerships between professionals. The key changes that aim to make a difference include:

- A dedicated specialist Eating Disorder Service.
- A new therapeutic team specifically working with young victims of child abuse and Child Sexual Exploitation.
- Dedicated workers in every secondary school working with School Health Nurses to provide support, training and direct interventions.
- A new team to work with children who are Looked After and those young people who are on 'the edge of the care'.

Recommendation for Children and Young People's Mental Health

This is an important issue. Progress made by the new service should be reported on in the next Director of Public Annual Report.

Self-harm

Self-harm is defined as *'intentional self-poisoning or self-injury, irrespective of type of motivation or intent'*. Self-harming behaviour in England has increased in recent years with an increased number of young people needing hospital admissions as a result of injury or poisoning. Relationship issues are often cited as a main contributing factor in self-harming behaviour.

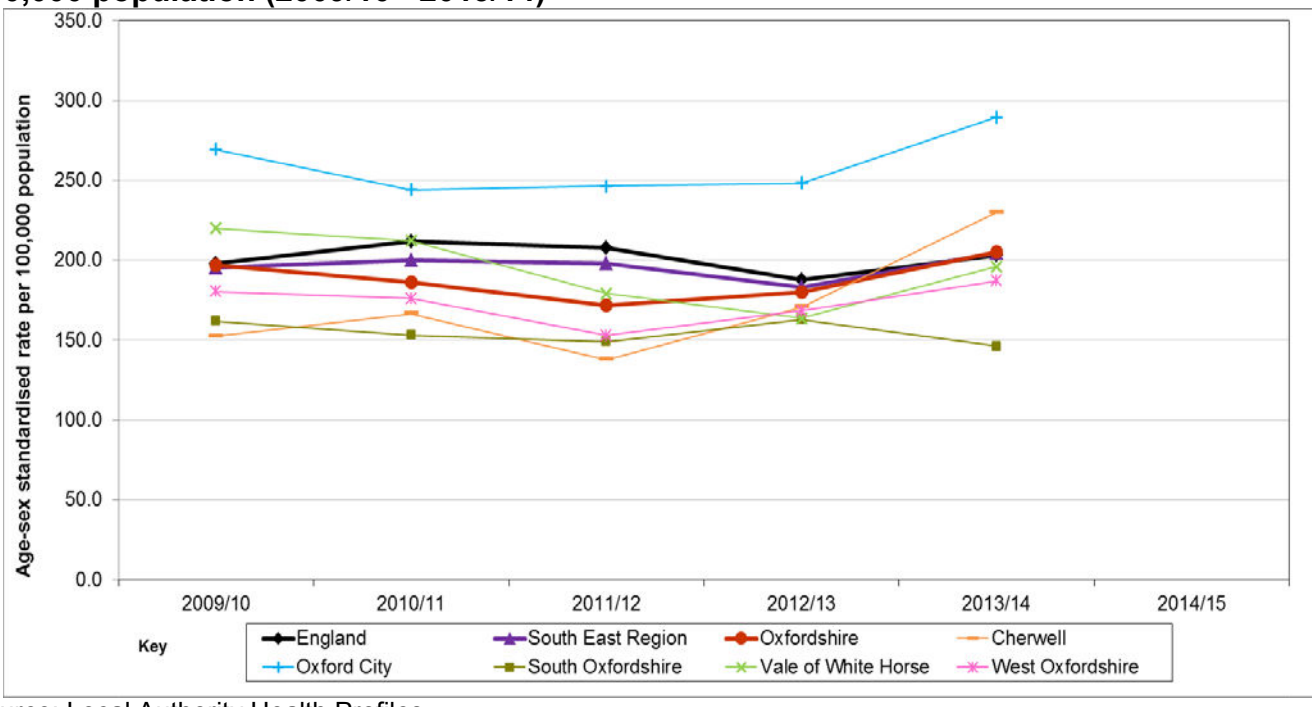
The rates for self-harm in all ages in Oxfordshire give us an idea of the local trends. During 2013/14 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,421. The rate of hospital admissions for intentional self-harm is rising in Oxfordshire, similarly to the regional and national picture.

However, looking at longer term trends in self-harm shows that overall rates in those aged 15 and over have fallen overall since 2000 but have risen in recent years.

The peak ages for self-harm are 15 to 24 in females and 20 to 29 in males.

The data in the chart below looks at hospital admissions for self-harm and covers all age groups. It will not include patients who attended Accident and Emergency (A&E) or Minor Injury Unit (MIU) or who were not admitted to hospital; it is likely to be an underestimate of the true rate of self-harm in our population.

Age/ sex-standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009/10 - 2013/14)



Source: Local Authority Health Profiles

The chart shows that:

- Oxfordshire's rate is broadly in line with the national rate and rose with it during 2013/14.
- The overall trend is however fairly static from 2009/10 to 2013/14.

- Admission rates are higher in Oxford City than elsewhere in the County, other Districts are on average just below the national levels.

Young people who self-harm are more likely to be vulnerable such as being a Looked After child or in the youth justice system. Those who self-harm have an increased risk of death by subsequent suicide, and over half of people who die by suicide have self-harmed previously. A survey of young people and professionals found that self-harm was a topic that was least likely to be addressed due to fear of stigmatisation and not having adequate confidence in how to access support services. Furthermore, these young people felt that the issue of self-harm should be addressed within school and an open dialogue should be sought.

Report of a local County Council initiative

An initiative was launched by the County Council in 2015 to try to help the situation based on our knowledge that:

- efforts to raise awareness of self-harm and how to access support in adolescents may contribute to improved overall wellbeing and reduce the risk of suicide
- Approaches using theatre as a form of raising awareness and reducing stigma of mental health issues have been successful previously.
- Within Oxfordshire, rates of admissions to hospital for unintentional and deliberate injuries in 0-14 year olds and 15-24 year olds, is higher than the national average.
- Local surveillance using data from Oxford University Hospital Trust identified that during 2014 there were monthly increases in the numbers of admissions to hospital for self-harm in both female and male young people from homes across the county.

What did we do?

The County Council's Public Health team commissioned a local Oxfordshire theatre company, Pegasus, to perform a play on self-harm in secondary schools across the county. This involved interviewing young people who had self-harmed as well as working in partnership with Schools, School Health Nurses, Educational Psychologists and Child and Adolescent Mental Health Services.

The play was called 'Under My Skin'. Its aims were to:

- Give young people vital information about coping with feelings around self-harm, stress and the relevant services that can support them.
- Reduce the stigma of discussing self-harm and accessing support
- Highlight the School Health Nursing service as a first port of call in schools for young people and professionals who have concerns over self-harm.
- Give professionals information and subsequent confidence about how to support a young person, and who to refer onto.

The evaluation of the play showed that:

- It went to 28 secondary schools and was very well received.
- Approximately 5000 young people in years 8/9 (ages 12-14) watched the play.
- 50% reported the play increased their knowledge of self-harm a lot.
- 71% of young people knew how to access support after seeing the play.

As a result, we will commission the play again for the academic year 2016/2017.

Recommendations for self-harm

1. Self-harm is a serious issue. Self-harm levels in Oxfordshire should be closely monitored.
2. The new Child and Adolescent Mental Health Service should work with partners to improve the detection of self-harm and offer coordinated support to young people.

What we said last year and what has happened since?

Last year's report described a range of improvements planned for mental health services as a whole, called for close monitoring of a newly-let contract for adult services and recommended that the Health Overview and Scrutiny Committee and Healthwatch keep a close eye on the quality of services.

This has been achieved, and the Clinical Commissioning Group is about to bring forward new plans to improve mental health services further and to join up services for physical and mental health more closely.

These are welcome developments which again call for continued surveillance.

Recommendation

Future Director of Public Health Annual reports should continue to focus on mental health issues and mental health services in the county.

Chapter 6: Fighting Killer Diseases

Main messages for this chapter:

- **We need to make sure our specialist services for fighting major outbreaks of disease such as Ebola stays strong and resilient.**
- **Infectious diseases do not go away. They simply change and return in new guises. Constant vigilance is needed to stay ahead of the curve. Good teamwork and cooperation across organisations is essential.**
- **The threat of antibiotic resistance is real and everyone has a role to play**

Part 1. Epidemics: Ebola, Flu Pandemics and Antibiotic Stewardship

Never had it so good?

We are fortunate to live in times where major illness and large numbers of deaths due to communicable diseases are seen as a problem in poor and developing countries far away or something suffered by our ancestors.

This has been a fortunate consequence of improvements in the quality of our living conditions and the advances in modern medicine. However we cannot be complacent about the risks of this changing and the risk of a pandemic and drug resistant bacteria becoming a very real issue.

Most of us live our daily lives unaware of the continued surveillance and planning of many national and local organisations that protect us. The recent Ebola outbreak in Africa was a reminder to everyone how new dangers can arise at any time and present a very real risk to the planet as a whole. Many lessons were learnt from this event nationally and internationally to help us prepare for the next outbreak, wherever it may arise.

This means we need to continue to prioritise the work we do in the background day in, day out, to prepare for the worst while hoping for the best. Directors of Public Health work closely with Public Health England and the NHS across the Thames Valley to make sure that our response is up to the mark. Oxfordshire County Council has the lead role for all Councils in the Thames Valley for making sure this is done.

As I stated last year the right response isn't fear and panic, it is systematic and calm planning and organising ourselves NOW so that we can fight back when the need arises. This is still the case and we still need to remain vigilant.

We have been fortunate in the past few years that the **influenza** seasons have been relatively mild. However it is important that we do not forget the potential that flu has to cause serious illness and death in young children, old people and those with poor health. Since the flu pandemic in 2009 we have seen a year on year decline in the numbers of people getting a flu vaccine. To protect these groups from flu it is still important that people understand that the risk of flu has not gone away and that it is important for people at risk to get a flu vaccination every year.

Another cause for concern is the rising threat of **antibiotic resistance** and the rise of "superbugs". Antibiotics are important drugs for both humans and animals in fighting bacterial infections which were once life threatening. Bacteria are highly adaptable in responding to antibiotics. Widespread misuse of antibiotics and inappropriate prescribing has led to increasing numbers of bacteria which are resistant to antibiotics which used to be effective.

The risk of bacteria which cannot be treated by antibiotics of any kind is a very real and pending threat not only in the UK but throughout the world. This has been brought into sharp focus by the recent development of a resistant strain of Gonorrhoea which is spreading in small clusters in England. Whilst this strain has not been reported yet in Oxfordshire it is could do so in the future.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections.

How Do We Keep This Work Going?

Success depends on several key elements:

- Maintaining a well-qualified and well trained cadre of Public Health specialists in Local Government.
- Constantly building and maintaining long standing relationships with opposite numbers in Public Health England and the NHS,
- Mainstreaming our plans by working with the Police, the military and many other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).
- Continually learning, planning and practising our plans.
- Educating and advising the public of their role as individuals in limiting antibiotic resistance.

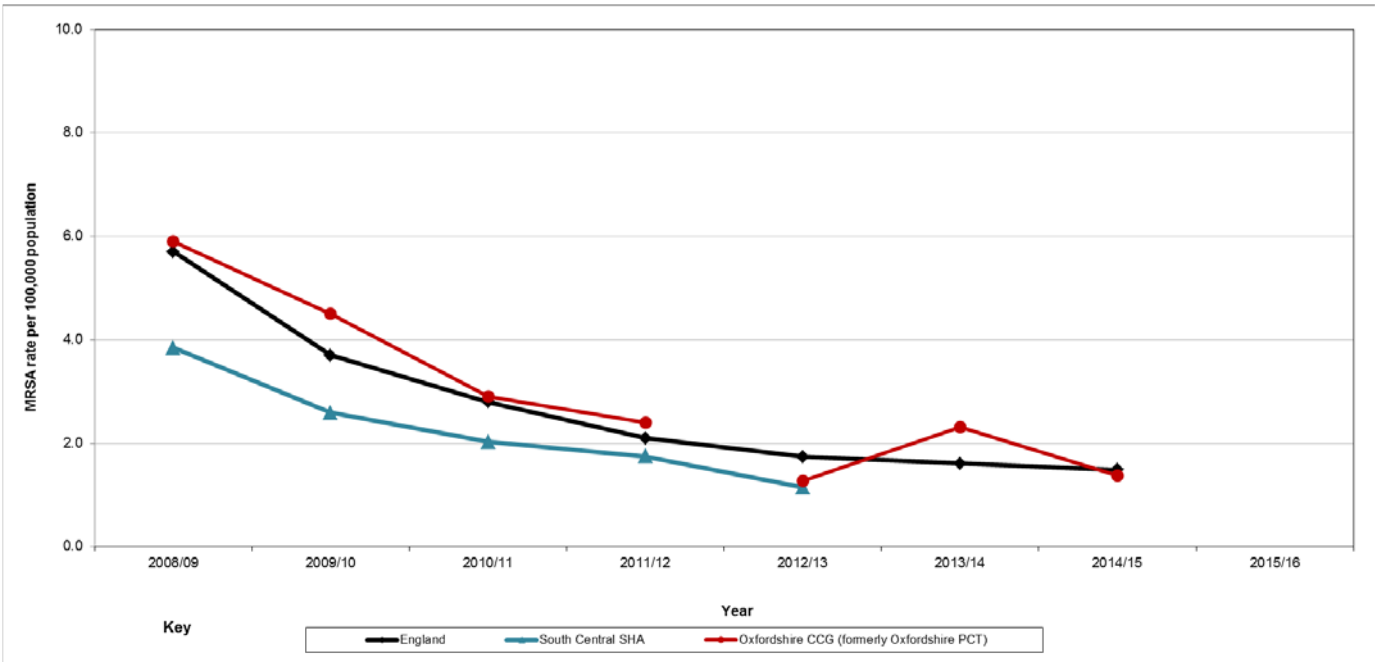
The key is to keep the specialist workforce we have now and to nurture this work carefully.

Part 2. Infectious and Communicable Diseases

Health Care Associated Infections (HCAIs)
Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff.) remain an important cause of sickness and death, both in hospitals and in the community. While these infections do not grab headlines as much as they used to it is vital that everyone remains vigilant to limit the increase of these infections.

Methicillin Resistant Staphylococcus Aureus (MRSA)
MRSA is a bacterium found commonly on the skin. If it gains entry into the blood stream (e.g. through invasive procedures or chronic wounds) it can cause blood poisoning (bacteraemia). It can be difficult to treat in people who are already very unwell so we continue to look for the causes of the infection and to identify measures to further reduce our numbers. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it. The local situation is shown below.

Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2014/15) England, South Central SHA and Oxfordshire



This shows that infectious diseases can be tackled, often by traditional hygiene measures. Nationally there is a zero tolerance policy and rate of MRSA is still higher than we would like. There have been improvements in the rate of MRSA in Oxfordshire over the past few years. While the levels in Oxfordshire had increased slightly in 2013/14 to be higher than the average for Thames Valley and England they have reduced to be similar to National levels in 2014/15. The recent slight increase reaffirms that continued vigilance is required by all hospital and community services to address this increase.

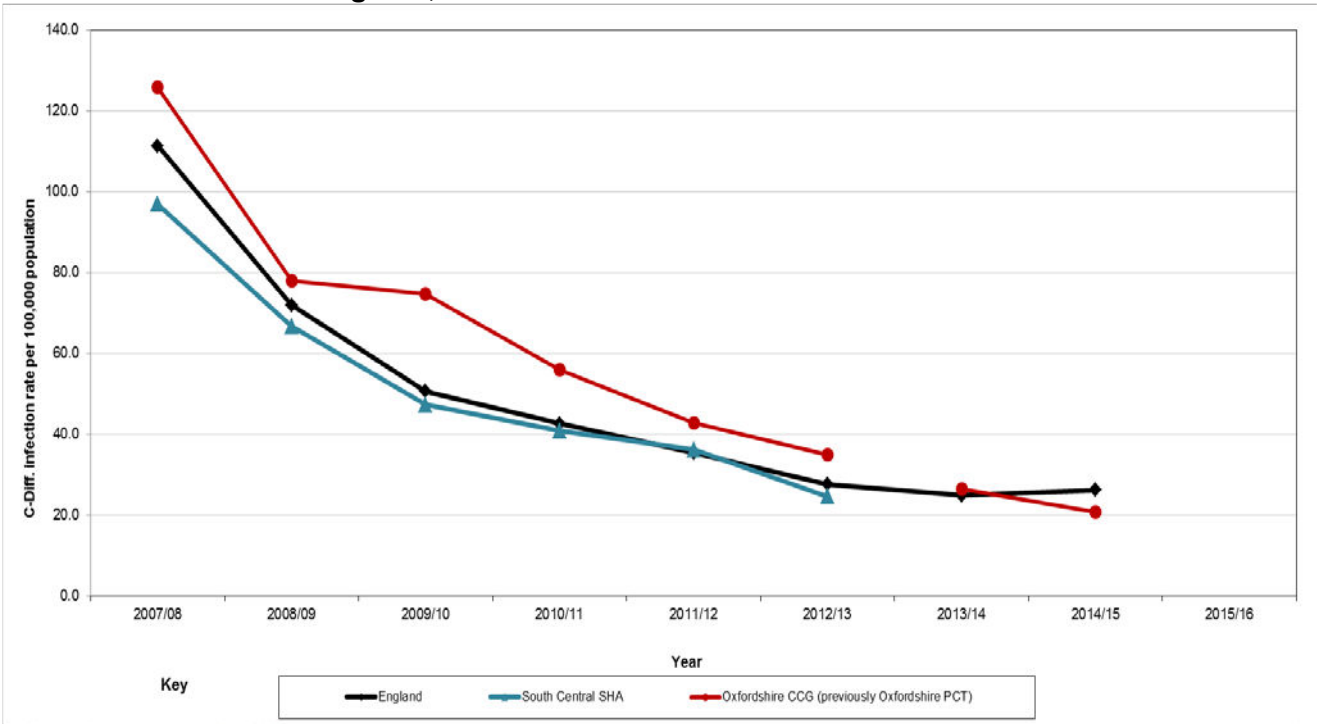
Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the elderly and infirm. This bacterium commonly lives harmlessly in some people's intestines but commonly used broad spectrum antibiotics can disturb the balance of bacteria in the gut which results in the C.diff bacteria producing illness.

A focussed approach on the prevention of this infection is resulting in a steady reduction in cases since 2007/08 as shown in the chart below. This is in line with regional and national trends. There has been a continued improvement in the rates of C.diff in Oxfordshire.

The reduction in C.diff involves the coordinated efforts of healthcare organisations to identify and treat individuals infected and also careful use of the prescribing of certain antibiotics in the wider community. There are still on-going concerted efforts locally to continue to improve the rate of C.diff infections.

Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2014/15) England, South Central SHA and Oxfordshire PCT

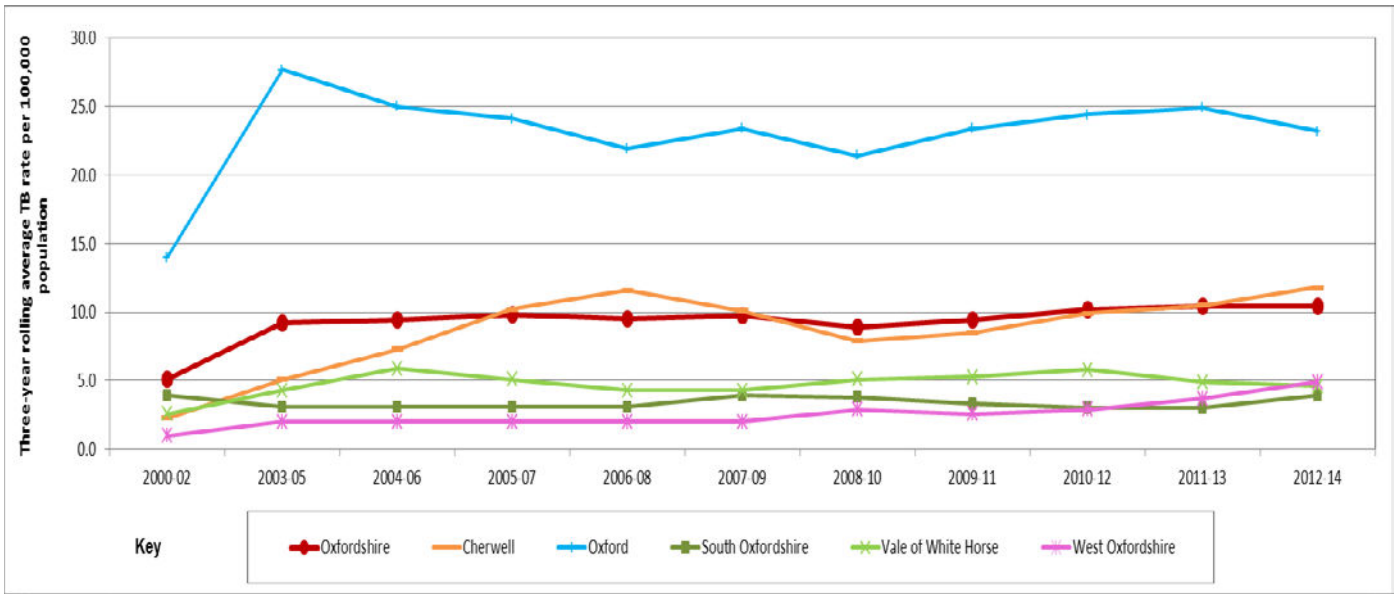


Tuberculosis (TB) in Oxfordshire

TB is a bacterial infection caused by Mycobacterium Tuberculosis which mainly affects the lungs but which can spread to many other parts of the body including the bones and nervous system. If it is not treated, an active TB infection can be fatal.

In Oxfordshire, the numbers of cases of TB at local authority level per year are very low. The local figures are shown below.

Tuberculosis (TB) - Rate per 100,000 population (2004 to 2012) Oxfordshire and districts within Oxfordshire



The levels of TB in the UK have been relatively stable over the past years. Much effort has gone into improving TB prevention, treatment and control.

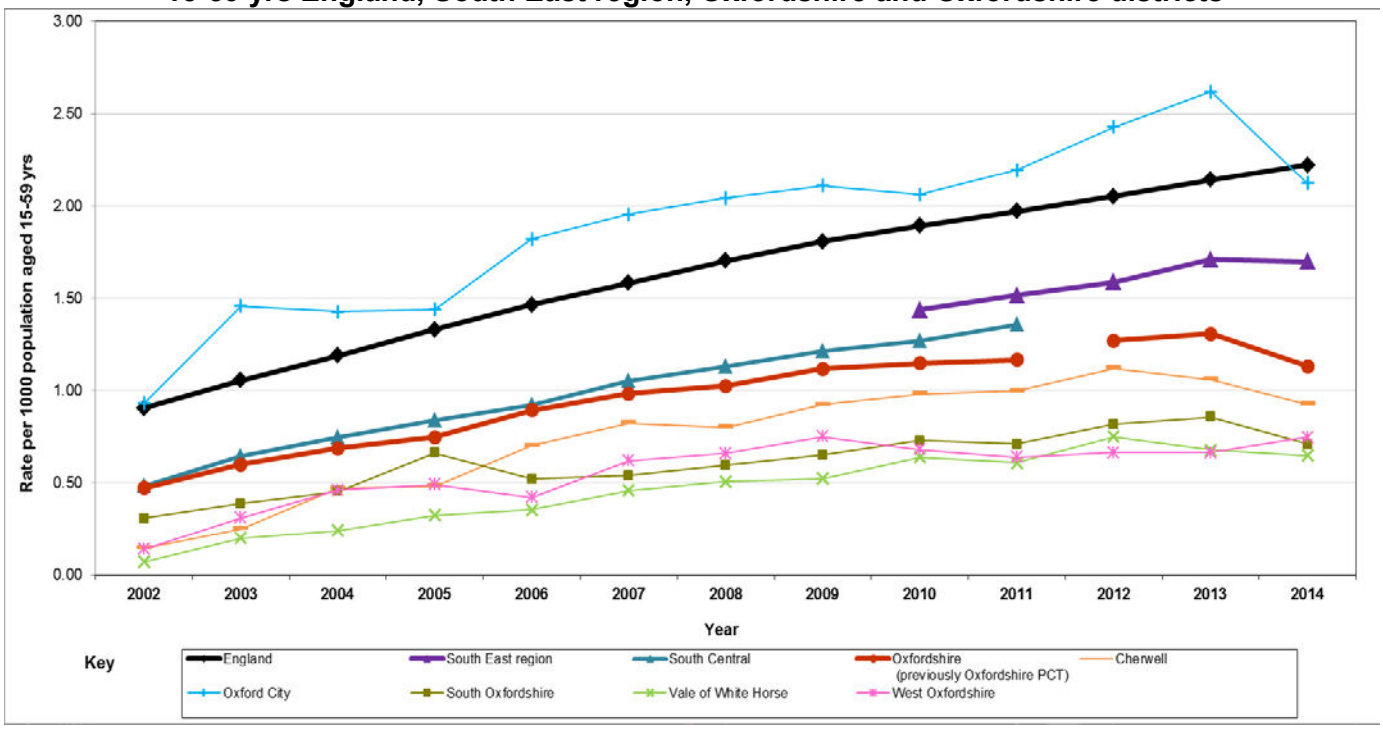
The rate of TB in Oxfordshire is lower than the National average and levels in Oxfordshire, Buckinghamshire and Berkshire combined. In the UK the majority of cases occur in urban areas amongst young adults, those coming in from countries with high TB levels and those with a social risk of TB. This is reflected in the higher rate of TB in Oxford compared to other Districts in the county.

Public Health England has developed a TB strategy to address TB nationally. TB control boards have been established to look at regional levels of TB and services to provide treatment. In Oxford the Clinical Commissioning Group are implementing a latent TB screening programme as part of a national initiative to identify and treat new entrants from high TB prevalence countries.

Sexually transmitted infections
HIV & AIDS

Whilst HIV does not raise the public alarm it used to, it still remains a significant disease both nationally and locally. HIV is now a long term condition so we would expect there to be more people living with HIV long term. 2014 data shows that there are 457 people diagnosed with the infection living in Oxfordshire, 231 out of 457 live in Oxford City. This trend is shown in the chart below and shows a decrease over the last year across the County.

Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs England, South East region, Oxfordshire and Oxfordshire districts



Finding people with HIV infection is important because HIV often has no symptoms and a person can be infected for years, passing the virus on before they are aware of the illness. Trying to identify these people is vital. We do this in three ways:

- Providing accessible testing for the local population. In 2014/15 the sexual health service delivered 4,251 HIV tests across the service.

- Through community testing, we have 'HIV rapid testing' in a pharmacy as an initial step. This test gives people an indication as to whether they require a full test; the rapid test takes 20 minutes and gives fast results, although a fast tracking to the sexual health service for a full test is required to confirm diagnosis.

- Prevention and awareness. Educating the local population about safe sexual practices and regular testing in high risk groups.

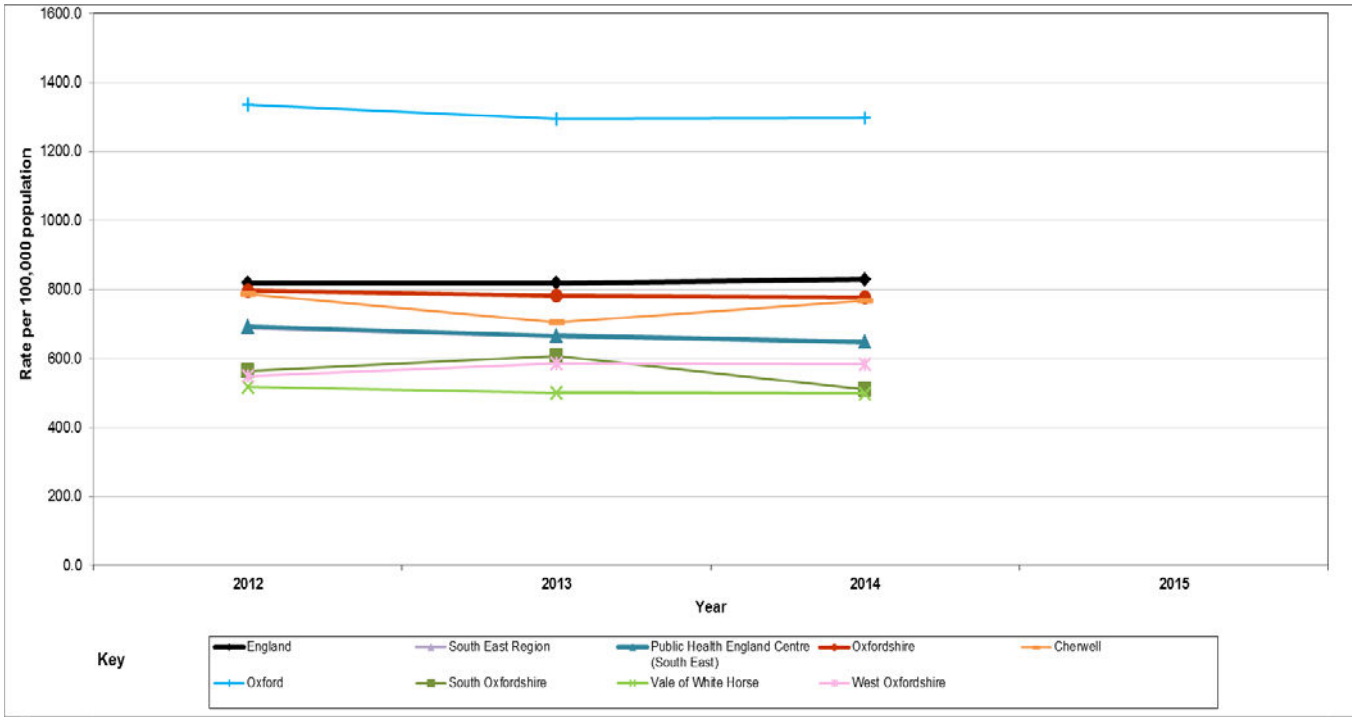
Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments. HIV cannot be cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased.

Sexual Health
Sexually Transmitted Infections (STIs) are still high in England with the greatest number of cases occurring in young heterosexual adult men and women and men who have sex with men. STIs are preventable through practising 'safe sex'. Total rates of STIs in Oxfordshire are below the national average except in the City which has remained at a similar rate since 2013. The local picture is shown in the chart below.

The different types of STI each show a mixed picture which is generally good. Looking at each disease in turn gives the following picture:

- Gonorrhoea – is below national average for Oxfordshire as a whole and all districts except in Oxford City. An investigation of recent increases revealed that an apparent increase was a consequence of oversensitive tests resulting in false positive diagnoses. New methods of validation should reduce the number of false positive cases.
- Syphilis - is continuing to fall and is below national average in all areas of the County.
- Chlamydia –levels are lower than national average in all Districts – but we continue to have difficulties in persuading young people to come forward for testing despite, best efforts.
- Genital Warts – rates are now lower than the national average which is an improvement. Oxford City is significantly higher (reflecting the younger age group) but the trend is generally stable. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.
- Genital Herpes – rates are lower than national average except in the City which has higher levels. However the total number of cases in the year is small. Again this reflects the predominantly younger population in the City.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2014England, South East Region, PHE South East Centre, Oxfordshire and districts within Oxfordshire



The integrated sexual health service which began in 2014 has seen increasing activity levels and this is to be welcomed. This service has improved access to contraceptive and sexual health services at the same time.

In the first year of operation, the sexual health service delivered

- 28,283 Genito-Urinary Medicine consultations
- Provided 19,059 tests for STIs and HIV
- Positively identified 2,215 STI and HIV infections
- Provided 15,888 consultations for family planning
- Fitted 9,809 contraceptive devices
- Prescribed 897 Emergency Hormone Contraceptives

The service has successfully established itself in the community as a range of accessible locations across the county where the local population can access all their sexual health services in the one location.

In line with best practice a partnership of local stakeholders was established in February of 2015. This group still continues to work together to identify and address priorities locally to further improve on the decline in STIs in Oxfordshire.

Recommendation

The Director of Public Health should report progress on killer diseases in the next annual report and should comment and any developments.

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OXFORDSHIRE GROWTH BOARD – 30 NOVEMBER 2016

Growth Board Work Programme Review

Report of the Acting Director for Environment & Economy, OCC

Purpose of Report

1. To update the Board on progress with developing its future work programme.

Recommendation

That the Growth Board notes progress with developing its work programme to date.

Background

2. The Growth Board was established in September 2014 to facilitate and enable partnership working and collaboration between local authorities and partners in business and higher education on economic development, strategic planning and growth.

3. At its last meeting the Board was presented with a report that noted that, with the completion of the Post SHMA Strategic Work Programme there was an opportunity to review the Board's work programme. Accordingly the report offered proposals to the Board on how it could develop its work programme.

4. The Board asked for the actions proposed to be progressed and this report offers an update. However the Board also asked that officers widen the scope of the review. Specifically the Board resolved that:

   Following the publication of the PwC and Grant Thornton reports on local government in Oxfordshire it is clear that there are several areas where joint working may help us realise significant savings and improvements of public services. A working group should be established including Chief Executives and Leaders of local authorities, CCG and LEP to explore how these transformational changes can be progressed in areas including, but not exclusively: infrastructure, skills, economic development, strategic spatial planning, public assets, business rates, health and social care. The working group will investigate, but will not be restricted to reviewing the future function of the Oxfordshire Growth Board and to consider the feasibility of establishing a combined authority for Oxfordshire.

5. Accordingly this report also offers an update on developing this resolution and offers some initial proposals in work streams that are currently part of the Board's focus, these being planning and housing delivery.

Progress to date

Oxfordshire Infrastructure Strategy

6. Following the approval of a brief and budget for the Oxfordshire Infrastructure Strategy (OXIS) by the Board in May 2016 a consultant, AECOM was employed to complete the project under the guidance of a steering group drawn from across council partners.

7. The project is split into two phases with data collection and research, together with stakeholder engagement taking place up until February 2017with the report then being drafted and finessed. It is anticipated that a report will be available to the Board for consideration in the late spring of 2017.

Oxfordshire Spatial Vision (OSV)

8. Following the last meeting of the Board officers were asked to prepare an initial scoping report for the Executive Officer Group (EOG) on the development of a Spatial Vision for Oxfordshire (OSV). This report was presented to a meeting of Oxfordshire CEOs who have approved the development of a project brief for the OSV.

9. Accordingly officers are working on the OSV project brief with a view to it being presented to CEO in the new year and then onto the Board for consideration

Improving Public Participation in meetings

10. At the last meeting the Board recognised that the public participation scheme for the Growth Board has been in place for 12 months and it is appropriate to review whether it has functioned satisfactorily. Accordingly, officers have contacted a number of regular participants in Board meetings to ask for their feedback on the manner in which they are able to engage with the Board and their suggestions for future improvements.

11. This feedback, together with some research on best practice from elsewhere in the country will be presented to the Board for consideration at its next meeting.

Developing the role of non-voting members

12. The Board recognised at the last meeting that one aspect of partnership working worthy of consideration is the manner in which non-voting members are engaged in the Board's work programme, recognising that these members play a vital role in shaping an agenda for growth in Oxfordshire.

13. As the majority of non- voting members are appointed by or allied to OxLEP. Officers have approached OxLEP to discuss how best to assist their representatives to better engage. This has led to a proposal that the Board host, through officers, a series of workshops that will examine the growth agenda with a view to both informing non-voting members and engaging them in a discussion about how to progress the Board's agenda. These workshops will be hosted by the County Council as lead authority and will draw upon partners to assist with the workshops development

Review the Growth Board's terms of reference and interaction with related partnership structures

14. At the last meeting the Board recognised that it will be appropriate to ensure that Oxfordshire's partnership structures remain aligned to the regional and national agendas and is able to engage with and influence emerging sub-national structures and any revised view of infrastructure, industrial and trade strategies.

15. A first stage of this, a review of the officer structures that currently exist within Oxfordshire in the fields of planning and housing delivery and how they could be better aligned under

the Board to best deliver its work programme, have begun and proposals are being developed that will be presented to the Board at its next meeting.

Conclusions

16. The resolution of the Board, reproduced in paragraph 4, offers the opportunity to carry out a root and branch examination of how the Board progresses its work programme, together with a wider examination of joint working across Oxfordshire. This report details the first steps in delivering this resolution. Officers will continue to report to the Board on progress at future meetings.

BEV HINDLE
Acting Director for Environment & Economy
Oxfordshire County Council

Contact: Bev Hindle, Director for Environment & Economy

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Growth Board 30th November 2016
Agenda item
Contact: Paul Staines; Growth Board Programme Manager
E- mail Paul.staines@oxfordshire.gov.uk

City Deal and Growth Fund: Project Exception Report

Purpose of the Report

1. To provide the Growth Board (the Board) with progress with the projects in the City Deal and Local Growth Fund for which they are responsible.

Recommendation

That the Growth Board:

I. *Notes progress with the projects detailed in appendix one of this report.*

II. *Ask the Executive Officer Group(EOG) to review those projects flagged as amber- requiring monitoring- and develop proposals to bring the projects back to green status for the next meeting of the Board*

Background

2. The City Deal and Local Growth Fund are the two partnership programmes for which the Growth Board are responsible for overseeing completion, reporting to Government through the LEP.

3. The projects that make up these programmes and their progress are summarised in the appendix to this report and for ease of reference are given a RAG status as follows.


Red- requiring action


Amber requiring monitoring


Green no action required

4. Projects highlighted as blue are complete

City Deal Summary of progress

5. There are no projects RAG rated as red but there are three projects that are flagged as amber, requiring monitoring to ensure timely completion, these are as follows.

Accelerate the delivery of 7500 homes across the county
This project is flagged amber to reflect the fact that he figures have not been reviewed by EOG since September 2015. It was hoped to bring the review to the Board at this meeting but matters have been delayed by commitments amongst partners to

compete Local Plans. It is anticipated that the review will be placed before the Board in January 2017.

Deliver an additional 525 apprenticeships for 16-23 year olds.

Accurate reporting of this measurement is problematic as the data is supplied by the Skills Funding Agency has a time lag. The latest figures available are up until the end of August 2016. These demonstrate that there were 2,590 16-24 year old apprenticeship starts during the 2015/16 academic year, compared with 2,510 during the same period the previous year (an increase of 3.1%).

The project is rated amber rating because although Oxfordshire is doing better compared with national averages, with an increase of 2% in the period August 2015 July 2016 compared to a national average of 1.3%, officers conclude that at the current trajectory the target of 525 will not be achieved.

Access to Enterprise Zone

This project is amber due to delays caused by land purchase negotiations to progress Featherbed Lane. Delays have also occurred as a consequence of the examination of Harwell Campus development within the Vale's Local Plan examination.

Local Growth Fund Summary of progress

6. There are no projects RAG rated as red but the following projects are flagged as amber, requiring monitoring to ensure timely completion, these are as follows

Oxfordshire Flood alleviation Scheme

This project is flagged as amber to reflect the significant funding gap that has yet to be closed. The EA have been asked to provide details on this funding gap and outline their proposals as to how this could be addressed and further details will be provided at the meeting.

Science Vale Cycle Route

This project is amber due to delays in the procurement and appointment of the design consultant. This may have a knock on impact to other keys dates.

Oxfordshire Growth Board

City Deal and Growth Fund Programme Report: September 2016

Funding stream	Strategic Status				Operations				
	Project title and lead officer	Outcome	Contribution to Growth Targets	Lead partner and role	Core Activity Outputs / Targets	2016-17 Targets Milestones	Achievements to November 2016	Comments	RAG status
CITY DEAL	**Skills Programme** 150 more employers engaged with traineeships **SARAH CULLIMORE**	Up-skill identified cohorts	Tackling pockets of unemployment	Oxfordshire Skills Board Economy and Skills team	Develop a network of apprenticeship ambassadors to promote at events etc. Negotiate Traineeships targets in employment and skills plan Include Traineeships info on OA website 150 unemployed individuals engaged with traineeships	N/A	We have 21 current ambassadors have who have between them supported 30 events since April 16 as well as being featured on local radio, Oxford TV and in local press. Delivered a 3 day drop in Apprentice SHOP in Banbury in August and one in Kidlington in October, plus a 5 day Apprenticeship roadshow in June visiting Banbury, Oxford, Witney, Bicester and Milton park. Traineeship target included in Westgate ESP. Traineeship info is on the OA website.	The most recent data shows that 97 young people were enrolled onto a Traineeship during the 14/15 academic year, plus 45 during the first 6 months of 15/16 academic year therefore this target will be achieved.	
CITY DEAL	**Apprenticeship Programme** 525 apprenticeships for young people (16-23) **SARAH CULLIMORE**	Drive better employability skills in young people	Increase the number of apprenticeships	Economy and Skills team. Oxfordshire Skills Board	Delivery of skills element of the City Deal including: Supporting making sense of apprenticeships for employers. Delivering 'apprenticeship' events aimed at young people and parents. Engagement with secondary schools to increase awareness of apprenticeships. Additional 525 apprenticeship starts aged 16-24	Additional 525 Apprenticeship starts aged 16-24 over the lifetime of the CD project (April 2014-March 2017) Delivery against the City deal action plan agreed with the SFA including: Continue to engage with secondary schools to increase awareness of Apprenticeships. Continuation of an Apprenticeship Ambassador scheme.	3 making sense events have been delivered during 15/16 financial year. Progress against City Deal action plan is good. OA has supported or run 32 school events since April 16 including careers events, talks in assemblies and workshops.	Latest figures available are up until the end of August 2016 and are rounded to the nearest 10. There were 2,590 16-24 year old Apprenticeship starts during the 2015/16 academic year, compared with 2,510 during the same period the previous year (an increase of 3.1%) Amber rating because although Oxfordshire is doing better compared with SE region and national, the 525 city deal target may not be achieved.	

Oxfordshire Growth Board

City Deal and Growth Fund Programme Report: September 2016

CITY DEAL	**Apprenticeship Programme** 300 apprenticeship grants for employers (AGE) grants targeted at SME in the growth sector **SARAH CULLIMORE**	Drive better employability skills in young people	Increase the number of apprenticeships	Oxfordshire Skills Board Economy and Skills team	Delivery of City Deal skills action plan. 300 AGE grants targeted at SME in the growth sector	N/A	Eligibility rules for the AGE changed in January 2015. Info has been put onto the OA website.	670 AGE grants were awarded to Oxfordshire employers during 2014/15 academic year (Aug 2014 to July 2015) City Deal target has been met.	
CITY DEAL	**Apprenticeship Programme** 1850 more employers with a raised awareness of apprenticeships **SARAH CULLIMORE**	Drive better employability skills in young people	Increase the number of apprenticeships	Oxfordshire Skills Board Economy and Skills team	A range of activities aimed at promoting the benefits of apprenticeships to employers attending network events, follow up leads from website hits etc. 1850 more employers with a raised awareness of apprenticeships	1,850 more employers with an increased awareness of apprenticeships over the lifetime of the CD project (April 2014-March 2017) Delivery of events aimed at employers. Attendance at employer networking events to promote apprenticeships. Follow up leads from employers.	1,459 interactions with employers have been recorded since the project began.	City Deal target will be met.	
GROWTH DEAL	**Oxford Centre for technology and innovation** **PHIL WADDUP**	Increased levels of Science, Technology, Engineering and Maths (STEM) in line with Skills Strategy aspirations	'Innovative People' – higher level skills	City of Oxford College – Activate Learning	Construction of new STEM centre Construction complete and operational by January 2017	Open STEM Centre by 12/16.	Project completed to time and Budget – STEM centre is now operational (from 01/09/16) There has been significant PR activity and site visits held with employers, students and other visitors to stimulate interest. Official Opening Ceremony to be confirmed	Building Project Completed, occupied and operational	

Oxfordshire Growth Board

City Deal and Growth Fund Programme Report: September 2016

GROWTH DEAL	**Advanced Engineering and technical skills centre** **MARK LAY**	Increased levels of Science, Technology, Engineering and Maths (STEM) in line with Skills Strategy aspirations	'Innovative People' – higher level skills	Abingdon & Witney College	Construction of new STEM centre Construction complete and operational by Jan 2018	Demolition of existing building October 2016 Appointment of main contractors January 2017 Building work started February 2017	Legal agreement received. The project has been granted planning permission (with conditions). A pre-qualification questionnaire (PQQ) has been sent out to a long list of contractors for their expression of interest (EOI) in the project. Existing building demolished Short list of main contractors agreed	The project is on track to complete within agreed timescales.	
GROWTH DEAL 2	**Activate Care Suite** **PHIL WADDUP**	Increased ability to meet health and social care training and skills demand	Innovative People' – Health and Care related skills delivery	City of Oxford College – Activate Learning	Construction of new Care Centre Construction complete and operational by January 2017	Open Activate Care suite by 09/16	Project completed to time and Budget – STEM centre is now operational (from 01/09/16) There has been significant PR activity and site visits held with employers, students and other visitors to stimulate interest. Official Opening Ceremony held 02/12/16 was well received.	Building Project Completed, occupied and operational	

Oxfordshire Growth Board

City Deal and Growth Fund Programme Report: September 2016

Funding stream (& SEP theme)	Strategic Status				Operations				
	Project and lead officer	Outcome	Contribution to Growth Targets	Lead partner and role	Core Activity Outputs / Targets	2016-17 Targets Milestones	Achievements to November 2016	Comments	RAG status
GROWTH DEAL	**Flood Risk management upstream (Northway and Marston Flood Alleviation Scheme)** **HELEN VAUGHAN-EVANS**	To reduce the risk and impact caused by excessive flooding for 108 households, 2 commercial premises and transport connections in Northway and Marston, North East Oxford.		Oxford City Council	Re-profile to new levels and falls to create a dual purpose sports arena and emergency floodable area on the fields at Northway Community Centre. Re-profile an area between Court Place Farm recreation field and Peasmoor Brook on its eastern boundary to create a new wetland habitat. It will be used to store flash flood water during torrential rainfall. Construct new flow control structures to control water into and out of the two areas created. Including localised road and pavement level changes to direct flows away from public highways into the storage area. 0.3 ha of new habitat created by June 2017 1.33% AEP protection to 91 residential and 2 commercial properties (insurance break point) by June 2017	Detailed design completed by end of July 2016. Planning permission granted by end of September 2016. Principle Contractor appointed. Construction phase initiated by end of October 2016. Phase 1 construction substantially completed.	Project Appraisal Report and funding approved by EA. Full time Project Manager appointed. 1 FTE created by the project so far. Procurement strategy/ route to market agreed for detailed design and construction phases. Topographical Survey and Geo-Environmental Site Appraisal completed. Internal project approvals granted (capital gateway 2 and 3; CEB 12/11/15; Full Council 07/12/15). Detailed design supplier appointed (Atkins) and detailed design phase commenced 16/12/15. Funding agreement with OCC negotiated and sealed Environmental surveys being commissioned and completed. Consultation with the public on design aspects I completed. Planning approval achieved for Phase 1 and Phase 2. Construction Principal Contractor appointed- Oxford Direct Services. DfT consent for road humps achieved. TW consent for sewer connection and sewer diversion achieved. Deed of Variation and License for Alterations signed and sealed by both City Council and County Council enabling works at Northway Community Field.	Planning approval granted for the project. Construction commenced 31st October 2016. Communication letter sent to residents living next to and near to the construction site. Commencement of construction press campaign scheduled for w/c 14th November. Road hump installation dependent on County progressing and approving Section 278 Agreement.	

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GROWTH DEAL	**Oxford Flood Alleviation Scheme** **JON MANSBRIDGE**	1) Reduce flood damages to at least 1000 homes and businesses currently at risk in Oxford 2) Reduce flood risks to infrastructure and utilities in Oxford 3) Safeguard Oxford's reputation as a thriving centre of commerce that is open for business 4) Create and maintain new recreational amenities, wildlife habitat and naturalised watercourses accessible from the centre of Oxford.		Environment Agency Responsible for managing the appraisal and construction of the scheme ensuring it has passed all the necessary assurance and approval milestones.	Develop the Outline Business Case for approval by EA, Defra and HM Treasury Detailed appraisal work including: - Public consultation - Short-listing options - Consultation on short-list expected Winter 2015 - Survey and Site investigation work – September 2015 - Flood modelling and assessment of 'do nothing' and 'do minimum scenarios' - Economic appraisal of preferred option - Funding negotiations with partners Further refine the business case for approval by EA, Defra and HM Treasury - Outline Business Case signed off by Sept 17 - Full Business Case signed off by Oct 18 - Financing plan in place to outline how whole life costs of the project will be funded - Legal agreements in place by July 2018 - Construction Started Oct 2018 - Construction finished Sep 2022 Flood risk areas reviewed and Flood Map amended - Revised flood map published 2023	Oxford Flood Alleviation Scheme route announced June 2016 Award Detailed Design Tender October 2016 Outline business case submission in January 2017. Pre-application Planning Submitted April 2017 Planning Application Submitted May 2018 Full Business Case submitted July 2018 Construction Start October 2018	EA Financial scheme of delegation gained. HMT approved the Strategic Outline Case in September 2015. CH2m were appointed in October 2016 for Detailed design stage alongside outline business case approval Further environmental surveys have been completed over the summer. Arachnology at the Old Abingdon road is currently under progress. Land owner and further public consultations regarding the scheme detail design is ongoing. Work by OxLEP, Oxfordshire County and the EA on closing the current funding gap of £10m has been progressing well. The project so far has supported approximately 17 FTE roles within the EA Oxford Flood Alleviation Scheme route announced June 2016 Work completed so far has been funded partly by Grant In Aid from central government and contributions from Oxfordshire County Council, Oxford City Council and Thames Regional Flood and coastal Committee.	The Scheme is on track for OBC submission in January 2017. The Amber Status reflects the ongoing work to close the current 10 million funding gap. Strategic Outline case has been signed off by HMT.	

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Funding stream	Strategic Status				Operations				
	Project title and lead officer	Outcome	Contribution to Growth Targets	Lead partner and role	Core Activity Outputs / Targets	2016-17 Targets Milestones	Achievements to November 2016	Comments	RAG status
CITY DEAL	**Innovation Support for Business (ISfB) Simpler business support Investing in innovative businesses** **SARAH LONGMAN**	Implement an Innovation Support Program which will strengthen the innovation network and provide direct support to innovation based growth		LEP ISfB project team	Simpler business support LEP/OBS website Network Navigators: 9 part time people expert in a particular part of the innovation community, linking up together to welcome and guide/refer anyone seeking any form of business support Investing in innovative business Innovation investment vouchers Funding (proof of concept, growth, social enterprise) Business activation support Targets: Jobs created – 214 by Jan 2017 Jobs safeguarded – 22 by Jan 2017 Private sector match funding-£4,016,082 by Apr 2016. Businesses assisted-150 by Jan 2017 Businesses engaged – 962 by Jan 2017	Targets remaining 214 jobs created by January 2017 22 jobs safeguarded by January 2017 Targets which have already been achieved ahead of schedule £4,016,082 private sector match by April 2016 150 businesses assisted by Jan 2017 962 businesses engaged by Jan 2017	As at the end of June 2016 191 jobs created against a profiled target of 160 with 370.5 committed overall against an overall target of 214 8 jobs safeguarded compared to a profiled target of 16 £9,770,079 private sector match compared to the overall target of £4,016,082 297 businesses assisted compared to the overall target of 150 6881 businesses engaged compared to the overall target of 962	The ISfB programme closed at the end of June 2015 with final claim completed in July 2016 and Accountants report completed in August 2016. Monitoring of targets continues until March 2017. The programme has been highly successful and has already exceeded many targets well ahead of timescales set. Monitoring is 6 monthly. The next update will be for the Mar 17 LEP Board meeting.	

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CITY DEAL	**The UKAEA Culham** **CATHERINE PRIDHAM**	Advanced Manufacturing Hub: focused on remote handling technologies	Invest in an Advanced Manufacturing Hub in remote applications in challenging environments including innovation and the incubation of science and technological developments in that field	UKAEA	Start on site March 2015, completion scheduled for Jan 2016	Construction start 3/15 Construction completion 1/16 Official opening 5/16 Building usage 60 staff (>75% occupation) Develop concepts for Phase 2 building to provide enhanced facility for external user communities	Work commenced on site March 2015. Work completed on site 29th January 2016. 2817 sqm commercial floorspace has been constructed 40-50 businesses have been engaged The facility was opened by Jo Johnson MP, Minister of State for Universities and Science on 23rd May 2016.	Completed	
CITY DEAL	**The Harwell Innovation HUB** **TIM BESTWICK**	Hub: focused on open innovation	Invest in an ambitious network of new innovation and incubation centres which will nurture small businesses.	**STFC**	Start on site November 2016, completion June 2017 Project programme dates revised and agreed following agreement with BIS.	Planning applications to revise the detail of the restaurant and gym building and for discharge of pre-commencement conditions submitted in August 2016. Building contract to be let in September/October 2016. Target for mobilising and enabling works to commence on site in September 2016 followed by main contract works. Road and car park constructed and completed on site in April 2016. First stage tender for the building completed and contractor selected. Exploratory groundworks undertaken in June and July 2016. Planning consent for revised elevations granted in July 2016. Target for Practical Completion in August/ September 2017.	Planning permission received Detailed design began in January 2016 Road related infrastructure spending has already started. Work on site of Quad One building began in June 2016	The city deal required building to commence in Dec 2014. However master planning led to re-profiling. A revised program and timetable has been agreed with BIS The project continues to adhere to this revised timetable	

Oxfordshire Growth Board

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CITY DEAL	**The Oxford Bio-Escalator** **PHIL CLARE**	Hub focused on the life sciences sector;	Invest in an ambitious network of new innovation and incubation centres which will nurture small businesses:	University of Oxford	The vision for the Oxford BioEscalator is - To pioneer a new model for bioscience business growth that will reduce the risk associated with early stage firms, stimulate new funding and management mechanisms, and create resilient, sustainable companies. - To realise the potential of the world class clinical and research expertise and assets in Oxford and the surrounding region, developing a leading international centre for the commercial exploitation of bioscience and medical research and innovation Project programme dates revised and agreed	Complete redesign to accommodate prospective corporate partner by Oct 2016. Agree terms with corporate partner by Dec 2016. Continued building works.	Redesign has been completed and approval granted for construction to restart on the redesigned building. The terms with the corporate partner are due to be signed off within a few weeks and construction is due to complete in mid 2018	**CITY DEAL**	

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CITY DEAL	**The Begbroke Innovation Accelerator** **PHIL CLARE**	Hub focused on advanced engineering sectors	Invest in an ambitious network of new innovation and incubation centres which will nurture small businesses:	University of Oxford	The Oxford University Begbroke Science Park (BSP) has pioneered the successful integration of academic and business communities to foster knowledge and technology transfer, economic growth, and academic advancement. The Accelerator project builds on this in the advanced engineering sectors of automotive, nuclear materials, advanced materials, robotics, nano-medicine, pharmaceuticals, motorsport and supercomputing. Through the co-location of business and technology it will enhance the successful transition of ideas across the valley of death into the market place and give support for companies with training, networking and mentoring activities. Project programme dates revised and agreed	Work Complete in July 2016. Building handed over Aug 2016. Building substantially occupied Oct 2016. Formal opening by Mar 2017.	The first phase of the Begbroke Innovation Accelerator project is now complete and takes the form of an extension to the existing Centre for Innovation and Enterprise (CIE). The CIE is now more than double its original size. The 2200m2 extension brings the building up to a total of 4000m2. The building is now handed over and the majority of spaces are already let and occupied, with discussions well advanced over the remaining spaces. Formal opening is still being discussed		

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GROWTH DEAL	**Growth Hub Transition Funding 2015/16** **HEATHER MARTIN**	Build on and continue to raise awareness and strengthen the range of support available from Oxfordshire Business Support (Oxfordshire's Growth Hub) through 2015/16 while other funds are secured for future years		LEP OBS project team	To simplify, raise awareness and encourage greater engagement and interaction of the business support landscape via: - OBS website portal - Telephone and email triage service - Network Navigators: Part time experts who are well connected within specific sectors and tasked with welcoming, networking, creating links and referrals to individuals and organisations looking to locate business support within Oxfordshire Events and Workshops on business related topics. Businesses signposted / referred to national programmes - 200 by Mar 2016 Businesses engaged – 2700 by Mar 2016	BIS Targets Mar 2017 Businesses signposted and referred to national programmes - 250 Businesses engaged – 7500 Greater engagement with businesses via Network Navigators and OBS Project Team ERDF Targets (subject to receipt of funding) As yet no final numbers have been agreed but will be based on the themes of job creation and growth. Ditto above but on the theme of innovation Improvements to Evolutive will improve data capture and increase efficiency of future engagement with businesses. Contracts signed Project Plan designed, procurement process implemented	As at the end of **Sept 2016:** Number of businesses engaging with the project – 2393 versus programme target 2700 Number of enquiries triaged and dealt with directly through the Growth Hub was 58 Businesses signposted and referred to national programmes - 23 (this low increase reflects the present uncertainty of EU funding and shortage of national programs that presently exist) Sourced a new Start Up Navigator service delivered by OBE.	The project is on track and has now secured future funding ERDF £2m funding has now been secured for the SME Competitiveness Start Up and Growth. Contracts have been signed and work is now under way developing the program. A change request is in the process of being developed to offer a Grant option to businesses. We have procured a master vendor to manage the Network Navigators and are currently in the process of retaining and recruiting some Network Navigators to help deliver the outcomes of the project and continue the work they do. Some good progress has been achieved with the District Navigators and the adoption and integration of Evolutive as a CRM system for the local authorities. Ongoing work and development is in place for Evolutive to ensure it is ERDF ready and compliant. Ongoing work and development of the previously submitted ERDF Innovation Support for Business is in place with all delivery partners adding additional information for final submission early December 2016. The Growth Hub has also secured £205,000 funding per annum for the 2016-18 financial period via BEIS.	

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GROWTH DEAL	**Centre for Applied Super conductivity** **COLIN JOHNSTON**	Support the cluster of applied superconductivity industry in Oxfordshire with S&T support and new longer term developments in new materials and deeper understanding of how superconductors behave in real environments		University of Oxford	Establish an Industrial advisory board (IAB). Refurbish and equip a materials discovery laboratory and a materials testing laboratory for superconductors Develop a core research portfolio Establish industrial open access to facilities. 23 jobs by March 2021	Complete refurbishment of Physics testing laboratory – 1/12/16 Install and commission remaining capital equipment (PLD and PPMS) – 31/1/17 Complete recruitment to remaining posts – 1/12/16	Industrial advisory board has been established and has met 4 times. 1st scientific meeting held with ca. 40 attendees Staff: Materials staff are in post (3 new); Physics staff have been recruited – 1 in post, 1 starting September 2016. Refurbishment: Materials lab refurbishment completed; Physics testing lab refurbishment started, estimated completion October 2016; Physics SC device lab refurbishment completed March 2016. Equipment: first two pieces of kit installed in Materials Lab. Tendering process completed on PLD and PPMS. PLD due for delivery Autumn 2016. PPMS due for delivery winter 2016. Additional funding for instruments has been secured from the Oxford University John Fell Fund. An industrial CASE D. Phil. Studentship has been funded by a member of the IAB with student in place from October 2015	All issues with respect to capital vs revenue have been resolved within the University. The activities in Materials are well underway with Physics gearing up rapidly.	
CITY DEAL	**SHMA completed** **GROWTH BOARD PROGRAMME MANAGER**	A county wide Strategic Housing Market assessment is completed and approved by the district planning authorities	Commit to deliver the necessary sites to meet the housing needs identified in the SHMA	SPIP	Development and approval of a county wide SHMA according to Government guidance Document completed by April 2014	Complete SHMA Strategic Work Programme by Dec 2016	SHMA has been completed	The figures for housing need generated by the SHMA are the subject of Local Plans that are being taken forward, either as new plans or reviews in all 5 district councils. In addition there has been a Post SHMA Strategic Work Programme that will examine the unmet need for Oxford identified in the SHMA and decide how to apportion that amongst the other districts reviews. This Programme is now complete and a proposed apportionment has been agreed by 5 of the 6 councils. These apportionments will now be taken forward for further examination in Local Plans	

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CITY DEAL	**Accelerate the delivery of 7500 homes across the county** **GROWTH BOARD PROGRAMME MANAGER**	7500 homes agreed in the existing Local plans have delivery acceler ated tbc by 2018	Commit to deliver the housing necessary to underpin the SEP	SPIP	Accelerate the delivery of agreed housing sites across the county 7500 additional homes by 2018	Accelerated housing delivery according to schedule	The SPIP Executive has committed to reviewing all agreed sites and profile delivery in the light of the final agreed City Deal. In addition officers in districts will review any other sites that have come forward to build a revised profile.	No change since last reported. Refreshed projections show 1453 above profile The trajectory will be the subject of a refresh in time for reporting in January 2017. The project is flagged as amber because of the long timescale since the figures were reviewed	
CITY DEAL	**Land holding uploaded onto e-pims** **GROWTH BOARD PROGRAMME MANAGER**	All land holding in council ownership declared	Commit to deliver the necessary sites to meet the housing needs identified in the SHMA	SPIP	Working with the Government Property Unit and to list their asset on e-PIMS All public held land uploaded onto database	N/A	Completed	Completed	
CITY DEAL	Sharing expertise and accumulated experience to support project/programm e delivery across the county in a cost-effective and lean way. **GROWTH BOARD PROGRAMME MANAGER**	Simplified and robust county wide planning procedures that are easier for users to understand	Develop a simplified planning package	SPIP	More effective joint working	N/A	Completed	Completed- The Growth Board EOG discussed this in December 2014 and formed a view that the development of the Post SHMA Strategic Work Programme with a project team and Board was a good example of how we were developing this culture of joint working in Oxfordshire. It is not intended to any further work on this project	

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Funding stream	Strategic Status				Operations				
	Project and lead officer	Outcome	Contribution to Growth Targets	Lead partner and role	Core Activity Outputs / Targets	2016-17 Targets Milestones	Achievements to November 2016	Comments	RAG status
CITY DEAL	**Access to enterprise zone** **PAUL FERMER**	Improve access to enterprise zone to make site more attractive to potential investors	Will lead to improvement in jobs in the knowledge economy by making the site more attractive to investors	Oxfordshire County Council	**Harwell Link Road:** Finalising land acquisition and design in preparation for construction. **Hagbourne Hill:** In construction. Planned completion on schedule for Jul 2016 **Featherbed Lane:** Detailed design and land acquisition in progress. Early works undertaken on available land and were completed March 2015. Forecast completion Sept 2017. **Harwell Campus:** Land has been gifted by the affected landowner in acknowledgment of the infrastructure improvement they will receive. The design has developed and indicated that further land is required from adjacent landowners negotiations are underway and CPO is proposed to run in parallel	**Harwell Link Road:** To complete detailed design, purchase all necessary land and start construction. Business Case 2 Approved: 28/6/2016 Construction Start: 1/12/2016 **Hagbourne Hill:** Construction Complete: 23/8/2016 **Featherbed Lane:** To complete detailed design, purchase all necessary land and start construction. Detailed Design Complete: 15 June 2016 **Harwell Campus**: Secure confirmation from Local Plan.	**Harwell Link Road**: Agreed land purchase and Target Cost. Mobilisation nearing completion and start of works due early December. **Hagbourne Hill**: Main works complete. **Featherbed Lane**: Design substantially completed with OCC cost review in progress. Land negotiations still in progress. **Harwell Campus**: project paused for outcome of Vale Local Plan examination.	**Harwell Link Rd**: Scheduled to start works 1 December 2016. **Hagbourne Hill**: None. **Featherbed Lane**: Current programme for delivery dependent on land purchase. **Harwell Oxford Campus**: None. This project is amber due to delays caused by land purchase negotiations re Featherbed Lane and and Vale Local Plan examination re Harwell Campus.	

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CITY DEAL	**Improvements to Northern Gateway** **PAUL FERMER**	To relieve congestion and deliver growth to a key growth area	Will lead to improvement in jobs in the knowledge economy by making the site more attractive to investors	Oxfordshire County Council	**Cutteslowe and Wolvercote:** Increasing capacity at roundabouts on A40. **Loop Fm Link Rd**: Feasibility stage reviewing iterations of preferred alignment to maximise BCR. Planned completion Autumn 2019	**Cutteslowe and Wolvercote**: Construction Complete: 14 November 2016 **Loop Fm Link Rd:** Complete Feasibility and Preliminary Design.	**Cutteslowe and Wolvercote**: Works complete. **Loop Fm Link Rd:** Feasibility design is complete.	**Cutteslowe and Wolvercote:** None **Loop Fm Link Rd:** Ongoing coordination with A40 Bus Lane project.	
CITY DEAL	**Hinksey Hill-Science transit** **PAUL FERMER**	First stage of improvements to transport links across the knowledge spine	Will lead to improvement in jobs in the knowledge economy by making the site more attractive to investors	Oxfordshire County Council	Phase 1 complete and working well Phase 2, Hinksey Hill: Detailed feasibility underway and currently on target to meeting May deadline. Design to commence Mar16. Construction completion Winter 2018.	**Phase 2, Hinksey Hill:** Complete Feasibility and Preliminary design. 4/8/16 Detailed Design Complete: 13/6/2017 Start Construction: 8/1/2018 Complete construction: 15/4/19	**Phase 1 (Kennington roundabout):** Works Complete. **Phase 2, Hinksey Hill:** Project review undertaken prior to commencement design to ensure scheme delivers desired outcome.	**Phase 1 (Kennington roundabout): Achieved.** **Phase 2 (Hinksey Hill)** Slight delay to commencement of prelim design due to incorporation of Abingdon Road Corridor Study to deliver integrated solution.	

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GROWTH DEAL	**Headington Phase 1** **PAUL FERMER**	Access to Headington is a package of schemes to improve access to major employment, health and education sites in the Headington area.	Needed to support new housing and jobs in Headington, and beyond, without attracting more traffic to the area.	Oxfordshire County Council	The project area includes the B4495 from Cherwell Drive/Marsh Lane to Horspath Driftway and the Eastern Bypass, as well as Old Road. Proposed changes include: • Junction improvements • New cycle lanes and crossings • New pedestrian crossings • Changes to on-street parking • New bus lanes • Localised road widening The implementation of changes is planned for summer 2016 to spring 2018.	Complete Detailed design and commence construction. Construction Start: 17 October 2016 Construction complete: 30 September 2018	Business Case Stage 2 submitted and approved by Cabinet in July 2016. Works have commenced for first phase.	Second phase of works due to start in March 2017.	
GROWTH DEAL	**Science Vale cycle Route** **PAUL FERMER**	Improved cycle connectivity and facilities between the main residential and employment and Service areas.	Supports EZ growth and new housing in the Didcot/Science Vale area.	Oxfordshire County Council	Design and Implementation of new and significantly improved cycle tracks/paths Initial phase of implementation to start Autumn 2015.	First cycle routes to commence detailed design, with construction for the first route also due to start. Business Case G1 to be approved: 5 September 2016. Business Case G2 to be approved: 20 December 2016. Construction of all routes complete: 31/3/2019	Procurement of Detailed Design consultant was completed and consultant has been appointed.	Business Case Stage 1 scheduled for December 2016. Following appointment of Detailed Design Contractor a firm programme will be agreed, and the construction start date will be confirmed. This project is amber due to delays in the procurement and appointment of the details design consultant which may have a knock on impact to other keys dates. This is being reviewed and will be reported next quarter.	

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GROWTH DEAL	**Bicester London Road** **WITHDRAWN**	Solution to potential closure of level crossing following implementation of East-West rail ph2		Oxfordshire County Council	To establish a feasible/viable (preferred) option Delivery of project to time and budget ahead of the completion of the EW rail project	To approve Business Case 0b, and complete Feasibility design. Feasibility Design Start: April 2016 Preliminary Design Start: January 2017	N/A	Project no longer needs to go ahead due alternative project being progressed (level crossing will not be closed and a longer term better value option is now the focus). Funds have been re-allocated	
GROWTH DEAL	**Oxford Science Transit Phase 2** **PAUL FERMER**	Capacity improvements with the focus on improved and more reliable journey times for express bus services through the junction.	Key element of the Science Transit programme.	Oxfordshire County Council	Feasibility and preliminary design to firm up scheme scope, design and costs, planning application (if required), detailed design then construction/ implementation Feasibility designs and cost estimate finalised and public consultation starts (Dec 16) Prelim design (Feb-Apr 17) Detailed design (Jul 17-May 18) Submit full Business Case and Approval Application to DfT (Dec 17) Construction (Sep 18 - Sept 20)	Complete Feasibility design, and commence Preliminary Design. Stakeholder workshops: August 2016 Preliminary Design start: February 2017 Detailed Design Start: July 2017 Construction Start: September 2018 Construction Complete: September 2020	Feasibility design is complete and preparation for December public consultation is almost complete. Discussions with DfT have progressed regarding business case, and consultants have been procured to prepare the Cases.	Paper will be submitted to Cabinet in February 2017 to secure funding for next Prelim and Detailed Design.	

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GROWTH DEAL	**Didcot Station Car Park** **FIONA CANE**	Enabling the development potential of Harwell, Milton Park and Didcot to be realised through enhanced transport connectivity and capacity with circa 900 jobs accommodated;		Great Western Railway (GWR)	Delivery of a new Multi Storey Car Park at Didcot Parkway Station, including improved links between the Foxhall Road site and the station entrance MSCP open by December 2017	Installation of Network Rail mast Temporary car park installation Installation of covered footbridge Start on site of main car park Start on site: January 2017 Project completion: December 2017	Detailed design by selected contractor (Bourne) has commenced. Positive progress made with Network Rail to deliver footbridge improvements.	Project still on track with Growth Deal timescales.	

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